VS A15 (4) 15M 9/55 I

## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

04.0	CERTIFICATE	OF	DEATH
2416	CERTIFICATE	Oi	DEATH

		241	D CENT	11107	IL OI DE				Reg. D	ist. No.		
1, PLACE OF DEATH o. COUNTY	orchester	Co.	MAR	YLAND	2. USUAL RESIDEN o. STATE	ICE (Wh		d lived. If institut b. COUNT	Y	nce befor		
	(If outside corporate li		c. LENGTH OF STAT	r in 16		27		rote limits, write				
Cambrid			5 Weeks		Fishin	ne Cr	reek N	(d.				×
d. NAME OF HOSPI OR INSTITUTION					d. STREET ADD					1		FARM?
	Cambridge	Md. F	lospital		Fish	ning	Creek	<u> </u>			YES	NO III
3. NAME OF DECEASED (Type or print)	Helen	First	Mae Mae		Lost		4. DATE OF DEATH	Mo		Deg	·	Year
5. SEX	16. COLOR OR RAC	E 7. 1440		IFO DIE	Adams DATE OF BIRTH			9. AGE (In years		PIYEAD		19 56 ER 24 HRS.
		******	RIED TH NEVER MARR					lost birthday)	Months		Hours	Min.
Female	White	WIDOW			Sept. 20.	19	31	25 yrs				
100. USUAL OCCUPATI during most of wo	ON (Give kind of wor rking life, even if retir	k done 105 ed)	. KIND OF BUSINESS	OR INDUST	RY 11. BIRTHPLACE	E (Stote o	or foreign c	ountry)	112. CI	TIZEN O	F WHAT	COUNTRY
Housewi			None		Fishing	Cre	eek Mo		U.	S.A.		
13. FATHER'S NAME					14. MOTHER'S MA	IDEN N	AME					
	m H. Tolle				Grac	e T	Wall	ace				
15. WAS DECEASED EV	ER IN U. S. ARMED FO		SOCIAL SECURITY NO	D. 17. INI	ORMANT			Add	dress			
No	to let due not or court	A SELVICE,	None		Lehman I.	Ada	ma	Fishir	ace Care	anle l	7.4	
	ATH [Finter only one	couse ner (	ine for (a), (b), and (c)		*		0		E CITY		RVAL BE	TWEEN
	ATH WAS CAUSED BY	· <u>.</u>	00	O and the second			97 1	711-5	10		ET AND	DEATH
	IMMEDIATE CAUSE	{o}	100	1000	Theres	-	made	111 6 1	Electrical	0	-771	-grand
153X	DUE .	го	11				1.1		7			
Conditions, if		(b)	Cla	enoto	- Conto	-	Aplen	ie t ke	phene-	1	-se	and .
gove rise to		го					/		7			
lying couse lost.		{c}										
PART II. OT	THER SIGNIFICANT CO		CONTRIBUTING TO DE	EATH BUT N	OT RELATED TO TH	E TERMI	NAL DISEAS	E CONDITION GI	VEN IN PA	RT 1(o) 15	PERFC	AUTOPSY PRMED?
20a. ACCIDENT W OR CONTRIBUTING (IF EITHER, NOTIF)	AS UNDERLYING COME CAUSE OF DEAT MEDICAL EXAMINER	20b. DE:	CRIBE HOW INJURY O	OCCURRED.	(Enter nature of in	jury in P	art I or Port	t II of item 18.)				
Y 20c. TIME OF INJU Hour a. ft. p. m.	RY Month, Day,	While			E OF INJURY (Horrory, street, office ble			or town)		(County)		(State)
21. I certify	hat I ottended th	e decea		t death o		2 A	M. from	12 195 n the causes				
					7			reet, city or town		110 001		ATE SIGNE
ACTUAL	213	cen	escent or	AI	D (10	mel	Lies	Lee			12-	12-5
PHYSICIAN'S NAME (Type)	Dr. B.	II 1777				dates		Ö				*******
220. BURIAL, CREMATIN REMOVAL (Specify	1)		ZZc. NAME OF CEN				. 1	TION (City, town,	,,,		(Stot	
Burial  23. FUNERAL DIRECTOR	PS SIGNATURE	11, 19	56 Dorche	ster	Mem. Park		Camb 87 REGIST	ridge	ISTRARIS SI	Mary		A
				MA		10	Lin /	7/ 700x)	ISTRARYS SI	SIASION	10-	- 41
LeCompte F	uneral Ser	TVLCE	Cambridge	Ma.	DA	ITE/	1/3/3	1	Ann	1 10	CIC	CYU.

CENTIFICATE OF DEATH

make in .

and the second below the second to the

BUREAU V. S.

9961 41 080

BECENED

CERTIFICATE OF DEATH 12441 Reg. Dist. No. I director, filed with 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institutions Residence before admission) o. COUNTY a. STATE h. COUNTY MARYLAND erol 10. B. GITY OR TOWN TO outside corperate limits, frite c. LENGTH OF STAY IN 16 C. CITY OR TOWN Of outside corporate limits compile RURAL and give negrest town 90 66 neu PI 0 d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARME YES TNO [ pup = NAME OF Middle 4. DATE Inst Year DECEASED DEATH (Type or print) 6. COLONIOR RACE B. DATE/OF BIRTH AGE (In years IFUNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED NEVER MARRIED Months Days Hours DIVORCED T WIDOWED | yes. popers. cample WSDAL OCCUPATION (Give kindrof work done 10b. KIND OF BUSINESS OR INDUSTRY 11 MRTHPLACE (Stote or Rolling country) during most of working life, every if retired) 12. CIPIZAN OF WHAT COUNTRY? death. and i ofter o 13. FATHER'S MAME 14. MOTHER'S MAIDEN NAME 500 physician томе 17. INFORMAN Addressnding within 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH 古 PART I. DEATH WAS CAUSED BY: hoce IMMEDIATE CAUSE (a) **DUE TO** any Conditions, if pny, which (b) gave rise to immediate ě DUE TO cottse (o), stating the underlying couse lost. burial-transit PART II. OTHER SIGNIFICANT CONDITIONS CONTRUCTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? has YES NO M 200, ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING TO CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Part 11 of Item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY IHome, form, 20c. TIME OF INJURY Month. Day, Year 20d. INJURY OCCURRED 20f. (City or town) (County) (Stote) factory, street, office bldg., etc.) Hour a. m. While Not while ol work of work p. m. Ü 21. I certify that I/attended the deceased from 19 6 that I last saw the deceased detoched and that death accurred at 45 20 LM, from the causes and an the date stated above. alive on DIRECTOR: ADDRESS (Street, city or town, state) DATE SIGNED px ACTUAL SIGNATURE o cus pe O FUNERAL DIR PHYSICIAN'S NAME (Type) 226. DATE THEREOF 206. BURIAL, CREMATION, 226. NAME OF CEMPTERY OR CREMATORY 22d. LOCATION (City Nown, or county) 0 MUNERAL DIRECTORS AIGNATURE ADDRESS 280 REGISTRAR'S SIGNATURE An. REC'D BY REGISTRAR VS A15 (4) 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

MTABO TO STADIFICATION

BUREAU V. S.

DEC 31 1820

BECENAEL

VS A15 (4)

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

12417 CERTIFICATE OF DEATH

Reg. Dist. No. 12399

1. 9	LACE OF DEATH					2. USUAL RES	IDENCE (WI	here decease	d lived. If institu		nce befor	e admissio	on)
0		chester Co.		A	MARYLAND		arvla	nd	b. COUNT		rches	ter	Go.
E	RURAL ond give n	If outside carporote lim earest lown)	its, write	c. LENGTH OF	STAY IN 16	c. CITY OR	TOWN (If a	outside corpo	orate limits, write	RURAL and	give nea	rest town)	
1/~	Cambbid			3 Week	S	Cambr	idge	Md.					13
	OR INSTITUTION	TAL (If not in hospital,	give street	address)		d. STREET	ADDRESS					. IS RESI	DENCE
		Cambridge 1				1,00 B	oundr	y Ave				YES [	
	NAME OF DECEASED	Fi	rst		iddle	lo	st	4. DATE OF		mth	Day	Y	100
	(Type or print)	Vernon		E		Barnes	1	DEATH	Dec.				9 56
5. S	EX	6. COLOR OR RACE	7. MAR	RIED TO NEVER M	ARRIED 🗍	8. DATE OF BIRT	H		9. AGE (In years lost birthday)	IF UNDE	R 1 YEAR	-	
	Male	White	WIDOW		ORCED 🔲	Feb. 23			67 yrs		Doys	Haurs	Min.
10a.	. USUAL OCCUPATE	ON (Give kind of work king life, even if retired	done 10b.	KIND OF BUSINE	SS OR INDU	STRY 11. BIRTHP	LACE (Slate	ar foreign c	ountry)	12. €	ITIZEN O	F WHAT	COUNTRY
	House Pa		*	None		Mar	vland			TI	S.A.		
13.	FATHER'S NAME			110110		14. MOTHER'S	4	VAME			o D & ZZ &		
	Assemble	Dannas											
16	Augusta	R IN U. S. ARMED FOI	oceca lac	FOCIAL CECURITY	V NO 117 I	NFORMANT	ulia	Dean	4.4	dress			
(Yes	. no. or unknown]	(If yes, give war or dates of	rervice)	SOCIAL SECURIT	NO. III.	RECIRMONI							
	No			None	M	rs. Vern	on Ba	rnes	400	Bound	CY AV	re.	
7	Conditions, if o gove rise to i couse (o), stoting lying cause last.	the under-	) ) )	arle	ned	Broli	and Ch	Card	Under	Ali	Rise	S-7	ps'
CATIO	PART II. OT	HER SIGNIFICANT CON	Ca	CONTRIBUTING	D DEATH BUT	Prosto	Le T	C Shu	Carling G	IVEN IN PA	RT 1(0) 15	PERFOR	MED?
O.	20a. ACCIDENT W. OR CONTRIBUTING	AS UNDERLYING DEATH  CAUSE OF DEATH  MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJU	RY OCCURRE	D. (Enler nature o	of injury in I	Part I ar Par	t II of item 18.)				
MEDICAL	20c. TIME OF INJUI Hour a. ft. p. m.	RY Month, Day, Ye	ar 20d. I While at wo	NJURY OCCURRED Not while at work	20e. PL Fa	ACE OF INJURY officery, street, afficery	(Hame, farm e bldg., etc	20f. (Cit)	or lown)		(County)		(State)
	actual signature	nat I attended the	, 12.5	TOTAL TOTAL CONTRACTOR	that death	occurred at	81		n the causes treet, city or lown			e state	
	NAME (Type)	Dr. Ben											
	BURIAL, CREMATIC REMOVAL (Specify Burial	Dec. 1/1	) F	Dorch	CEMETERY O		le.	Cambr	TION (City, town,	or county)	Md.	(Stale)	1
-	FUNERAL DIRECTOR			ADDRESS	111111	121		D BY REGIST	5-8 / 5	ISTRAR'S S		E	11
	~ 1 7	Cerem	100	Cambridg	n Md			4 / /	To Vac	hon	mi	201	651
Le	Compte Pu	meral Serv	TGG	Califor Trag	e rine		DATE /S	10/0	10/11	200	10	-//	14-

CERTIFICATE OF DEATH

BUREAU V. E.

OEC 17 1956

BECEIVED

and the state of the state and the

the second of th

BUREAU V. S.

9961 96 0BC

BECEINEL

PRINCIPLE MINNEY IN

					L EXAMINER			_	Reg. Dist. N	12401
M		COUNTY DO	rchester		MARYLAND	2. USUAL RESIDENCE 0. STATE ME	(Where deceased tryland		Morchest	
X	1	and give nearest papen)	clock	e RURAL	c. LENGTH OF STAY IN 16	e. CITY OR TOWN	(II outside corpor	ote limits, write	RURAL and give	nearest town)
10		I. NAME OF HOSPITA	L OR INSTITUTION (	If not in hos	pital, give street address)	d. STREET ADDRESS			1	o. IS RESIDENCE ON A FARM? YES NO
,	1	NAME OF DECEASED Type or print)	Willi:		Paul Paul	Beckwith	4. DATE OF DEATH	Decen	ber 10	19 56
	5. 5	<sub>EX</sub> Male	6. COLOR OR RACE White	7. MARRIE	D NEVER MARRIED 1	July 8, 190		AGE (In years lost birthday)	Months Days	Hours Min.
	10a	USUAL OCCUPATION Working POLICEI	N (Give kind of work life, even if retired)	done 10b. K	eralsburg Pol	ice Hurlo	ck, Mary	land		F WHAT COUNTRY
	13.	FATHER'S NAME	John Roma	Beckwi	th	14. MOTHER'S MAIDEN ROWENS	Medford	i		
	15. [Yes.	WAS DECEASED EVE	R IN U. S. ARMED FO	service!		NFORMANT Roger Beck	with, H	Address arlock,		l
		PART I. DEATH	Enter only one costs WAS CAUSED BY,	se per line (	or (a), (b), and (c).	- 0-6-	luz	\	INTI	ERVAL BETWEEN PET AND DEATH
		Conditions, if on gove rise to immedi (o), storing the uncouse lost.	DUE TO		/			7,		
0	CATION	PART II, OTHE	R SIGNIFICANT CON	DITIONS <u>CO</u>	NTRIBUTING TO DEATH BUT I	NOT RELATED TO THE TER	MINAL DISEASE C	ONDITION GIV	EN IN PART 1(0)	19. WAS AUTOPSY PERFORMED? YES NO
	~	200. EXTERNAL CAUS PRIMARY Or CON' CAUSE OF DEATH.	TRIBUTING []	b. DESCRIBE	HOW INJURY OCCURRED. (I	Enter noture of injury in P	ort I or Port II of	item 18.)		
	MEDICAL	Hour o.m.	Month, Day, Yeo	While	Not while sort	CE OF INJURY (Home, fo ory, street, office bldg., e	rm, 20f. (City or	town)	(County)	(Stote)
	-	21. I certify the		of the r	emains described abo	cide , Homicia  M.D. CHIEF MEDICAL  ASSISTANT MEDI	le [], Und	pection X,		DATE SIGNED

Dec. 13, 1956 23. FUNERAL DIRECTOR'S SIGNATURE J.J. Framptom and Son, Federalsburg, Marylan

DI DIVORCED July 8, 1907	lost birthdoy) 49 yrs.	Months	Days	Hours	Min.
kind of susiness or industry 11. Birthplace (Stote or foreign deralsburg Police Hurlock, Mai		12. CI	U.S		COUNTRY?
ith Rowens. Medfo	rd				
social security No. 17. INFORMANT 213-01-4996 W. Roger Beckwith,	Hurlock,	Mary:	land		
for (a), (b), and (c).]	\			TVAL BETWI	
	,			Timerra rarekerene	
ONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEAS	E CONDITION GIV	EN IN PA			AUTOPSY PRMED?
E HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II	of item 18.)				
INJURY OCCURRED   20e. PLACE OF INJURY (Home, form, foctory, street, office bldg., etc.)	or town)	(Co	ounty)		(Stote)
<b>-</b>	nspection X,		_	, and	find that
M.D. CHIEF MEDICAL EXAMINER				DATE S	IGNED
4 CE UR ASSISTANT MEDICAL EXAMINER	-		12	11.	2/5%
Washington Cemetery Near	Hurlock	county)	ylai	(Stote	0)
ralsburg, Maryland D 26 REC'D BY REGIST	FAR 246. REGIS	TRAR'S SI	GNATU	E A	ating
				-/	7

VS. A15ME(5) 5M 9/55

The state of the s BUREAU V. S. DEC SO JORE

VS. A15ME(5) 5M 9/55

ARYLAND ST	ATE	DEPAR	TMEN	OF	HEALTH-	BAL	TIMORE,	18
MEDICAL	EX	AMIN	ER'S C	CERTI	FICATE	OF	DEATH	Pa

L			121	10							Reg.	Dist. No	٠.	
1.	PLACE OF DEATH		I WI	10			2. USUAL RES	IDENCE (V	Vhere deced	sed lived. If instit	ution: Resi	dence be	fore adm	ission)
	a. COUNTY DOT	chester	Co.		MARY	LAND	e. STATE	Md.		b. COUN	TOTAL	chest	ton 1	70
	b. CITY OR TOWN OF	outside corporate iim		AL.	c. LENGTH OF STAY	IN 1b	c. CITY OR		autside co	porate limits, write				
1 :	Cambridge											×		
-	d. NAME OF HOSPITA		ON III no	in hospi	tal, give street address	s)	d. STREET		MO.			2	e. 15 F	ES DENCE
L	Died in t							F.D.	1				ON	A FARM?
3.	NAME OF DECEASED		First		Middle		Last	1	4. DATE	Mon	th	Day		fear
	(Type or print)	Nora			Figgs		Bro	NTT	OF DEATH	Dec	4	10	1	19 56
6.	SEX	d. COLOR OR I	RACE 7.	MARRIED	NEVER MARRIED	8.	DATE OF BIRTH			9. AGE [In years		RIYEAR	IF UND	ER 24 HRS.
VF	emale	White	WI	DOWED	DIVORCED		March	7 1	890	66 yrs.	Months	Days	Hours	Min.
1100	. USUAL OCCUPATIO	N (Give kind of	work done	10b. KII	ND OF BUSINESS OR	INDUSTR	-	1. 7	×	1 00	1-,	ITIZEN O	F WHAT	COUNTRY?
	during most of working	g life, even if rel	ired)		AT .									
13	None FATHER'S NAME				_None		14, MOTHER'S	Sins			FU	S.A.	-	
		THE												
15	. WAS DECEASED EVE	Figgs	D FORCES	2 11/ 6/	OCIAL SECURITY NO.	137 144	FORMANT	nanda	Wheat					<u> </u>
(Yo	s, no, et unknown)	Jil yes, give wor or d	lates of service	10. 30	SCIAL SECONITI ING.	17. 174	POIUTOANII			Addres	1			
	No				one	1	irs. Ker	neth	Lyon	s Washir	gton	D.C.		
	18. CAUSE OF DEAT			or line fo	r (o), (b), ond (c).]							INTER	EVAL BETWEET AND DE	EEN ATH
		H WAS CAUSED IMMEDIATE CAU			0000 10	- 0	1 1	2.5					- 0	
	420,1	ĐU	E TO											
	Conditions, if or	y, which)	(b)											
	gove rise to immed (a), stating the v		E TO											
	couse lost.	)	(c)											
1 %	PART H. OTH	ER SIGNIFICANT		NS CON	TRIBUTING TO DEATH	H BUT NO	OT RELATED TO	THE TERMI	NAL DISEAS	E CONDITION GI	VEN IN PA	RT 1(o) 1	9. WAS	AUTOPSY
CERTIFICATION													PERFO YES	NO M
IFIC	200. EXTERNAL CAU	SE WAS	20b. DI	ESCRIBE I	HOW INJURY OCCUR	RED. (En	eler nature of in	ivey in Port	Li or Post i	of item 18.1				110 95
18	200. EXTERNAL CAU PRIMARY ☐ or CON CAUSE OF DEATH.	ITRIBUTING 🗆				,		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,					
	20c. TIME OF INJUR	Y Month Do	v. Year	120d IN	JURY OCCURRED   20	a PLAC	E OF INJURY (I	dome form	lane acti	u ne town)	10	ounty)		(Stote)
MEDICAL	Hour a, m,			While	Not while	facia	ry, street, office	bldg., elc.	201. (CII	y or lown;	(C	Boury		farotel
×	p. m.		19	ot work					<u> </u>					
					mains described	abay	e, held an	Autaps	y 🔲, I	nspection 🔲	, Inqu	iry 🔲	, and	find that
	death resulted	fram: Natu	iral cav	ses 💢	, Accident	Suic	ide 🔲, H	lomicide	. □, U	ndetermined	cause [	].		
				,		n								
	ACTUAL SIGNATURE	State	7	20	was	X	M.D. CHIEF N	REDICAL EX	AMINER [	]		100	DATE	SIGNED
		7				1		NT MEDICA	AL EXAMIN	ER 🔳	10	100		
	EXAMINER'S NAME (Type)		,	ار .	1 -		DEPUTY	MEDICAL I	EXAMINER )	EXIL.				
220	BURIAL CREMATIO	N, 22b. DATE TH	TEREOF	2	2c. NAME OF CEMETE	RY OR C	REMATORY		22d. LOC/	LTION (City, town,	or county		(Sto	e)
١.	REMOVAL (Specify)		20 7/	256				,					1	
-	FUNERAL DIRECTOR	S SIGNATURE	,	750T	Dorchest.	err IV	em. Par		D BY REGIS	Ibridge IRAR 24674EG	ISTRAR'S S	IGNATU	RE.	1)
								11	2/2/1	56 la	how	YY	Ra	I KV.
L	Compte Fu	neral Se	rvice	3	Cambridg	e Md		DATE/0	700/	2 - July	Cr / 40	1160		

BUREAU K

DACED SU

12403

19444

**CERTIFICATE OF DEATH** 

	1.645	Fig.						Reg. Dist	l. No.	
1. PLACE OF DEATH				- 11	. USUAL RESIDENCE (W	here deceas		on: Residenc	e before odn	nission)
	Dorchest		MARYLA	IND	An eff	yland	b. COUNTY	Don	ches	ter
b. CITY OR TOWN RURAL and give	(If autside carporate limit nearest town)	is, write	c. LENGTH OF STAY IN	116	c. CITY OR TOWN (If	outside carp	orote limits, write Ri	URAL and gi	ive nearest to	wn)
	- Cambridg		30 Yrs.		Rur	al -	Cambrid	ge	4.5	
d NAME OF HOSP OR INSTITUTION	ITAL (If not in hospital, g	ive street	address)		d STREET ADDRESS				ON.	ESIDENCE A FARM?
3. NAME OF DECEASED (Type or print)	Firm.		Middle Griff:	in	Carter	4. DATE OF DEATE	Mon Dec		Doy 1,	Year 1956
5 SEX	6 COLOR OR RACE	7. MARE	RIED NEVER MARRIED	□ B.	DATE OF BIRTH		9. AGE (In years lost birthdoy)		YEAR IF UN	
Female	Negro	WIDOW	The same of the sa			870	86 yrs.	Months	Days Hou	n Min.
log. USUAL OCCUPAT	ION (Give kind of work orking life, even if retired)	lane 10b.	KIND OF BUSINESS OR	INDUST	Y 11. BIRTHPLACE (Slote	or foreign	country)	12. CITI	ZEN OF WH	AT COUNTRY
70.77	ne erai k reman		None		Worcest	er Co	Md.		USA	
3. FATHER'S NAME					14. MOTHER'S MAIDEN					
	Unknow	n				Add:	ie Mile	S		
5. WAS DECEASED EV	ER IN U. S. ARMED FOR	CES? 16	SOCIAL SECURITY NO.	17. INF	DRMANT		Addr			
		HAICE)	•	CT.	arence Gri	fffn	Snow H	111	Md.	
18. CAUSE OF DE	ATH [Enter only one co	use per li	ne for (a), (b), and (c), ]	الواد الاجاب	ACCINIC VIII			ale plante g	LINTERVAL	BETWEEN
	ATH WAS CAUSED BY:	A	terioscle	ent f	c beart d	ាំ <u>៩</u> គគ្គ ទ	10		ONSET AN	DEATH
420.	IMMEDIATE CAUSE (o)	- 441	001 1000101							
Canditions, if	man - skink N		Cardiac Dec	י ניין מי	enestion					
gave rise to	immediate (		arurac roc	-01:	70.13001011					
couse (a), stating	B tue nucet.									
	, 10		CONTRIBUTING TO DEATH	H BUT N	OT PELATED TO THE TERM	INAL DISEA	SE CONDITION GIV	ENI INI PART	1(a) 10 WA	S ALITOPSY
<b>E</b>		_						PI 4 H 4 I MAI	PER	FORMED?
PART II. O	AS UNDERLYING	20b. DES	CRIBE HOW INJURY OCC	URRED.	Enter nature of injury in	Part I or Po	rt II of item 18.1		125	NO
	AS UNDERLYING A G ACCUSE OF DEATH Y MEDICAL EXAMINER									
20c. TIME OF INJU Haur a. p. p. m.	19	While of war	k at work	focto	E OF INJURY (Home, formy, street, office bldg., etc.	.)		·	ounty)	(State)
21. I certify i	that I attended the	deceas	ed fram <u>Decer</u>	rber	1954 , to D	ece n	er 1,956	.that I id	ost saw th	e decease
	cember 1.	_ 12_	7/		ccurred at					
	1,00	1	,			ADDRESS (	itreet, city or town.	itate)	•	DATE SIGNE
ACTUAL	Tolaso	ag/		M.	227 Fin	e St-	Cambrid	ge,11d	1. 12	2-4-56
PHYSICIAN'S NAME (Type)	J. Edwin F	agge	tt.M.D.		, , , , , , , , , , , , , , , , , , , ,				***************************************	
220. BURIAL, CREMATI	ON, 226. DATE THEREO	F	22c. NAME OF CEMETE	RY OR (	REMATORY	22d. LOCA	TION (City, town, o	r county)	ſSI	(ate)
REMOVAL (Specify Burial		956	Cordtown	Cer	neterv		d town,		,	
23. FUNERAL DIRECTO			ADDRESS	uei	9	D BY REGIS				1)
KillingX	111/14/1	and	Cambri	Ag F	Md . DATE	5/11/5	To Joh	n 1)	acc	An.
			A A AMILIATT	C 18 C	THE PARTY	711/2		0//		

The properties of the hospital or attending physician.

The properties of the hospital or attending physician.

The properties of the properties of the plant of the plant of the plant of the plant of the plant. The plant of the plant.

The registrar prior to burial, cremation, ar remayal, and in any event within 72 hours of the plant. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours gifter death Page 4

PEC 15 1920

BUREAU V. S.



EULEAT V. S.

ending

<u>a</u>

o shavi

poge

TO FUNER e

2 .V UALTIUG 27. 1.94876 \$ 556

**CERTIFICATE OF DEATH** 

	Reg. Dist. No.
1. PLACE OF DEATH o. COUNTY LOT CLESTOR MARYLAND	2 USUAL RESIDENCE (Where deceased lived If institution, Residence before admission) a. STATE TOTAL DORCLOST, BT
b. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest lown) ridge LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cumbridge
d NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION . mhridge- ur 1. nd despita	d. STREET ADDRESS  1 205eat 1 12 IVe.  1 PES IN 0
3. NAME OF DECEASED (Type or print) Louisiana Davis	Covington   4. DATE OF Dec. 31, 1955 Day Year 19
iomale hite WIDOWED DIVORCED	B. DATE OF BIRTH  Dec. 6, 1862  9. AGE (In years   IF UNDER 1 YEAR IF UNDER 24 HRS.
100 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRIBUTION OF THE STREET O	STRY 11. SIRTHPLACE (Stote or foreign country)  12. CITIZEN OF WHAT COUNTRY:
Joseph Langrall	14. MOTHER'S MAIDEN NAME Axchia Robinson
(Yes on or unknown) . It's me also me added at contact	nformant 200 addition in Ave., es. m.n. Geognegan, Jambridge, id
PART 1. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  Canditions, if any, which gave rise to immediate cause (a), stoling the under- lying cause last  Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?  YES NOT
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter nature of injury in Part 8 or Part II of item 18.)
Hour a, p, m.  19 While at work of work	ACE OF INJURY (Home, farm, 20f. (City or tawn) (County) (State) tory, street, affice bldg., etc.)
PHYSICIAN'S WALTER E. GUNBY JR	M.D. 103 ADDRESS (Streets city or town, stole) St 3JAN CAMBRIDGE MD. 57
	.Churchyard .lliott, J.
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Cambridge,	d. Date 1/4/57 Date 1/4/57 Date 1/4/57

TO HOSPITAL CZ ATTENDING PHYSICIAN: The low requires that the Leath certificate be executed within 24 hours bifor death. Page 4 may be rated. By the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filled with the registrar prior to burial, cremation, or remayal, and in any event within 72 hours after death.

VS A15 (4) 15M 9/55

SULEAU V. A.

DECENVEN

PAR 12:21 il

VS A15 (4) 15M 9/55

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

**CERTIFICATE OF DEATH** 

12423

12409 Reg. Dist. No.

	FNCE ARM? 40 1
b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)  Cambridge Md.  d. NAME OF HOSPITAL (If not in haspitat, give street address) OR INSTITUTION  Cambridge Maryland Hospital  A Middle  Lost  4. DATE OF DECEASED (Type or print)  Robert  C. LENGTH OF STAY IN 1b  c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)  Cambridge Md.  d. STREET ADDRESS  e. IS RESIDE ON A FA  YES   NAME OF DECEASED (Type or print)  Robert  F. Gootee  13. 19	FNCE ARM? 40 P
d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION  Cambridge Maryland Hospital  3 NAME OF First Middle Lost 4. DATE OF DECEASED (Type or print) Robert E. Gootee DEATH Dec. 13. 19	56 24 HPS
Cambridge Maryland Hospital 133 Mill St. YES NAME OF DECEASED (Type or print) Robert E. Gootee DEATH Dec. 13. 19	56 24 HPS
3 NAME OF DECEASED (Type or print) Robert E. Gootee 4. DATE Menth Day Year OF DEATH Dec. 13. 19	56 24 HPS Min
OF DEATH Dec. 13. 19	56 24 HPS Min
Robert F. Gootee Dec. 13. IV	Min
	Min
5 SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED B DATE OF BIRTH 9 AGE (In yours   IF UNDER 1 YEAR IF UNDER 2   Months   Days   Hours	
Male   White   WIDOWED   August 14, 1874   82 yr.	OUNTR
100 USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT CO	
Waterman General Cargo Golden Hill Md. U.S.A.	
13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	
Washington Gootee Amanda Foxwell	
TS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT  [Year no. or unknown]   (If year, give wor or dates of service)	
No.   218-20-6694   Mrs. Calvin Dean   133 Mill St.	
1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	EEN
PART I DEATH WAS CAUSED BY.	ATH
MAMEDIATE CAUSE (c) Rilliary Mephrosis with Hromis, severe 5 days	
Conditions, if ony, which to Arteriolar sclerosis	
cause (a), storing the under   DUETO Cholerithists with obstruction of the compon	
lying cause lost. (c) duct and obstructive jaundice 8 days	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(d) 19 WAS AUT PERFORM	IOPSY
<b>∑</b> YES <b>₹</b> N	
200 ACCIDENT WAS UNDERLYING 200 DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18.)	
U (IF EITHER, NOTIFY MEDICAL EXAMINER)	
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour a. gr. While Not while at work at work.	(Slate)
Z p. m 19 at work - et werk-	
21. I certify that I attended the deceased from 12-4 , 19.56, to 12-13 , 19.56, that I last saw the de	cease
alive on 12-13	abov
ADDRESS (Street, city or town, state) BATE	SIGNE
SIGNATURE CLANINGS HOUGH M.D. 15 Locust Street 12-14-56	
PHYSICIAN'S Cambridge, Maryland	
NAME (Type) Eldridge H. Wolff W.D.	
220. BURIAL, CREMATION, REMOVAL (Specify) 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State)	
Burial Dec. 16, 1956 Greenlawn Cemetery Cambridge Md.	
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR'S SIGNATURE	
LeCompte Funeral Service Cambridge Md. DATE 1/4/57 John Macuto	

JACEDA V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 **CERTIFICATE OF DEATH** 12445 Reg. Dist. No filed with ). PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution. Residence before admissran) a. COUNTY Dorchester o STATE COUNTY MARYLAND albot c. CITY ON OWN (If autside carporate limits, write RURAL and give nearest lawn) b. CITY OR TOWN (If outside corporate limits, write c LENGTH OF STAY IN 16 RURAL and give nearest town) 9 MONTA rural Cambridge Easton d NAME OF HOSPITAL (If not in haspital, give street address) d STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? Eastern Shore State Hospital R.F.D YES NO TO NAME OF Middle Inst 4. DATE Manth Day DECEASED (Type or print) Charles DEATH Haddawa y Dec 76 156 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF SIRTH 9 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday] Months Days Hours WIDOWEDT DIVORCED [7] T866 March papers. 915. 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? U.S.A. CHIMERCIA NATEMAN bon er de 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME 8 Φ 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT NONE Hospital Records Cambridge Md. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL SETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: General Arteriosclerosis IMMEDIATE CAUSE (a) **DUE TO** Conditions, if any, which gave rise to immediate **DUE TO** cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES [ NO 🗔 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Month. 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) Day, Year 20d, INJURY OCCURRED (County) (Stole) factory, street, affice bldg., etc.) 0. 1). While Not while of wark p. m. April 21. I certify that I attended the deceased from, \_\_, and that death occurred att\_\_50\_p.M. from the causes and on the date stated above. ADDRESS (Street, city or town, state) ACTUAL SIGNATURE -State-Hosp-ital-Cambridge-Md-I2-I6 PHYSICIAN'S NAME (Type) homas Dredge FUNER! 60 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stole) REMOVAL (Specify MILE REAL 2 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24a, REC'D BY REGISTRAR 24b, REGISTRAR'S SIGNATURE

TO HOSPITAL

BUREAU V. L.

DEC SO 1920

3			MARYLAND	STATE DEPARTM	ENT OF HEALTH-	BALTIMORE, 18	12411
1 3E			12424	CERTIFICA	ATE OF DEATH		Reg. Dist. No.
director illed with	1.	PLACE OF DEATH O COUNTY	Dorchester	MARYLAND	2 USUAL RESIDENCE (Where o. STATE Marylan	e deceased lived If institution d COUNTY D	Residence before admission) orchester
funeral funeral		b. CITY OR TOWN RURAL and give a	(If outside corporate limits, write neares Hown) Cambridge	entire life	c. CITY OR TOWN (If our Cambrid	side corporate limits, write RUR	
d 2 sho			TAL (If not in hospital, give street Cambridge-Maryla		d. STREET ADDRESS Cambrid	ge	IS RESIDENCE     ON A FARM?     YES  NO  NO
n 24 ha iilled in es 1 an	3	NAME OF DECEASED (Type or print)	Larr <b>y</b>	Middle Leslie	Harding	DEATH Dec.19	,1956 Year
d within		sex Male	White WIDOW		B. DATE OF BIRTH Dec.13,1956	lost birthdoy)	UNDER I YEAR IF UNDER 24 HRS Anoths April Hours Min
nd composition properties of the death.	100	during most of wor	ON (Give kind of work done 10b rking life, even if retired)	. KIND OF BUSINESS OR INDU	Cambridge	foreign country)	U.S.
sicion on residente corporario de corporario diferente corporario de cor		FATHER'S NAME	Darcy Matthew		Joyce Niel		
ing physici o remove	15. (Ye	WAS DECEASED EV	ER IN U. S. ARMED FORCES? 16 (If yes, give wer or dates of service)		rey M. Harding,	Address Cambridge, R.F.	
requires that the de ian. n signed by the atte sist permit. Then pli and in any event with		PART I. DE  Conditions, if a gove rise to couse (o), stoting lying cause lost.	the under-	Conge		Disease	ONSET AND DEATH
NN: The law ading physic cate has bee to burial-tra ar remavat.	CERTIFICATION		HER SIGNIFICANT CONDITIONS  AS UNDERLYING   G   G   CAUSE OF DEATH  MEDICAL EXAMINER;	CONTRIBUTING TO DEATH BUT			IN PART I(o) 19 WAS AUTOPSY PERFORMED? YES NO 17
PHYSICIS tal ar after this certifi r use as fi rematian,	MEDICAL (	20c. TIME OF INJUI Hour a. jr. p. m.		Not while for	ACE OF INJURY (Home, form, tory, street, office bldg., etc.)	20f. (City or town)	(County) (Store)
TENDING The hospi OR: After etoched for a buriof, or		21. I certify to alive on/	hat I attended the decease		accurred at 7;30 A		that I last saw the deceased if an the date stated above.
lo by		ACTUAL SIGNATURE C	Courence h	Janjanov ,	40. 136 Rac	e St Can	helye, hed 12/20/57
MOSPITA may be rel FUNERAL page 3 sha the registra	220	PHYSICIAN'S NAME (Type)  - BURIAL, CREMATIC REMOYAL (Specify	Dec. 20, 1956	22. NAME OF CEMETERY OF Greenlawn Co		Rd LOCATION (City, town, or c	
95 A15 (4) 15M 9/55	23.	FUNERAL DIRECTOR		ADDRESS	24a. REC'D B	Cambridge, Md.	AR'S SIGNATURE
	2	06726			1/	1000	0)1000

BUREAU V. S.

DEC TO STATE OF THE STATE OF TH

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

12412

		T	4	4	1	4
Reg.	Dlat.	Na.				

		T O CATA	المسالسا	1100/20/2							
1.	PLACE OF DEATH	12425		MARYLAND	2. USUAL RESIDENCE (V	Where decease	sed lived. If Institu b. COUNT		ce befo	re admission)	
Г	b. CITY OR TOWN HE	autode corporate limits, write	RURAL	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (II	outside car	porote limits, write	RURAL and a	IVE NO	arest town)	
	and give nearest town)			a.					,		
H		OD INSTITUTION OF	e		I STORET ADDRESS					e. IS RESIDENCE	
	O. NAME OF HOSPILA	C OK INSTITUTION (I	T NOT IN N	ospital, give street address)	d. STREET ADDRESS					ON A FARM?	
					11.0 4 :	(1.).	ton Sta	t.		YES NO	
3.	NAME OF	Fire	alt .	Middle	Lasi	4. DATE	Mont	1	Day	Year	
	DECEASED (Type or print)	Livenia	1	Banks	Holland	DEATH	D.	o .	- 1	19	
5.	SEX	6. COLOR OR RACE	7. MARI	RIED T NEVER MARRIED	8. DATE OF BIRTH		9. AGE (In years	IF UNDER 11	EAR I	IF UNDER 24 HRS	
	7		WIDOW	ED DIVORCED	. 7		lost birthday)	Months Do	ayı	Hours Min.	
10	- HSHAL OCCUPATIO	M. /Clue bind of week	<u>!</u>	KIND OF BUSINESS OR INDUS	TRY 11. BIRTHPLACE (State	or faraion o		12 017179	ENLOS	WHAT COUNTRY	
	during most of working		3011	KIIIO OI DOSMICOS OK MIDOS	in order to die	or totaldir r	ounty)	12. CHILE	14 01	THAT COURTE	
	Tanks 6.	7)	, t,	ood Padain	Jong'ies	rr C	2		النديد	2. n & n	
13	. FATHER'S NAME				14. MOTHER'S MAIDEN I	MAME					
					1	3	<b>*</b>				
15	WAS DECEASED EVE	R IN U. S. ARMED FOI	RCES? [16	S. SOCIAL SECURITY NO. 17.	INFORMANT		Address				
Į¥∉	m, no, or unknown)	(If yes, give war or dates of			3	×					
				4 1 -		1	<u>, , , , , , , , , , , , , , , , , , , </u>		1		
	18. CAUSE OF DEAT	H [Enter only one cau	se per lin	e for (c), (b), and (c), ]					INTERV.	AL BETWEEN AND DEATH	
	PART I. DEATH WAS CAUSED BY: Carobrol rescult receilent									1.27	
	The state of the s										
	143 x		Han	pertensive C	V Disance					2	
	Conditions, if on		11 9	DOT COLIDITAG O	- 1 Trockoc	,				i i	
	gave rise to immediate cause (a), stating the underlying DUE TO										
	couse lost. (c)										
TION	PART II, OTH	ER SIGNIFICANT CON	DITIONS	CONTR BUTING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEAS	E CONDITION GIV	'EN IN PART I	` '	PERFORMED?_	
2		Tan Inc.							I TE	ES NO E	
CERTIFICATION	PRIMARY ☐ or CON CAUSE OF DEATH.		b. DESCRI	BE HOW INJURY OCCURRED.	Enter nature at injury in Par	t For Port II	of item 18 }				
Y.	20c. TIME OF INJUR	Y Month, Day, Yea	w 20d	INJURY OCCURRED 200 PL	ACE OF INJURY (Home, form	n. 20f. (Cib	y or town)	{Count	[v]	(State)	
MEDICAL	Hour a.m.		Wh	ile Not white foo	tory, street, office bldg., etc.			,	.,	,,,,,,	
¥	p. m.	19	at v	verk at work							
	21. I certify th	at I taak charge	of the	remains described abo	ove, held an Autaps	у 🔲 . І	nspectian 🔀,	Inquiry	X.	and find tho	
	death resulted fram: Natural causes 7. Accident 7. Suicide 7. Hamicide 7. Undetermined cause 7.										
	DATE SIGNED										
	SIGNATURE	tern	22	2000)	M.D. CHIEF MEDICAL E	XAMINER [				DATE STORIED	
				7	ASSISTANT MEDIC	AL EXAMINE	R 🖂	* 1	1		
	EXAMINER'S NAME (Type)			*1 * *	DEPUTY MEDICAL	EXAMINER	<b>7</b>				
22	O. BURIAL, CREMATION	N, 226. DATE THEREO	F	22c. NAME OF GEMETERY OF	R CREMATORY ,	22d. LOCA	TION (City, tayen,	or county)		(State) /	
	REMOVAL (Specify)	13.1.1		Old Tield	conetery	Hay	chester	Cr.	-	md.	
23	FUNERAL DIRECTOR	SIGNATURE	1	ADDRESS	A 244 REC	D BY REGIST	RAR 246 REGI	STRAR'S SIGN	ATURE	1	
7	lecturit	. Stela	KK	Cambrida	DATE DATE	1201	56 Joh	n Me	ta	U Di	

TO DEPUTY MEDICAL EXAMINER: This carrificate slaudd are executed willin 28 flours allow death. If any delay it necessary, please execute the cate, writing the ward "pending" in pencil in Item 18. Give loges 1, 2, and it to the funemial differ. Page 4 should be forwarded to the Chief Medical Examiner's Office along mith form IM3. Page 5 may is retained for your file.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the registrar prior to burial, cremation. or removal. V\$. A15ME(5)

5M 9/55

BUREAU V. S.

DEC TO SEC

22c NAME OF CEMETERY OF CREMATORY
Hogt New Market emetery

**ADDRESS** 

22d LOCATION (City, town, or county)

24a, REC'D BY/REGISTRAR

East New Market, Maryland

26. REGISTRAR'S SIGNATURE

(Stote)

HOSPITAL TOY BE L 0 15M 9/55

death

PHYSICIAN'S

NAME (Type)

220 BURIAL CREMATION.

23. FUNERAL DIRECTOR'S SIGNATURE

Thom as I. Dred

Dec. 19,1956

22b. DATE THEREOF



VS A15 (4) 15M 9/55 Par

1

MARYLAND	STATE DEPARTMENT	OF HEALTH-BALTIMORE, 1	8
----------	------------------	------------------------	---

12447 CERTIFICATE OF DEATH

1.72.	Reg. Dist. No.							
1. PLACE OF DEATH  G. COUNTY	2. USUAL RESIDENCE (Where deceased lived If institution: Residence before admission) p. STATE h. COUNTY							
Dorchester Co. MARYLAND	Maryland b. COUNTY Dorchester Co.							
b. CITY OR TOWN (If outside carporale limits, write RURAL and give nearest lawn)	c. CITY OR TOWN (If outside carparate limits, write RURAL and give nearest town)							
Cambridge Md. R.F.D. #3 5 Years	Cambridge Md. R.F.D. #3							
d NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d STREET ADDRESS + 15 RESIDENCE ON A FARM?							
R.F.D. # 3	R.F.D. # 3							
NAME OF First Middle	Lost 4. DATE Month Day Year							
(Type or print) Gail Frances	Jewell Dec. 21 1956							
SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED								
Female White WIDOWED DIVORCED	June 12. 1911 12 yrs. Months Days Hours Min							
ga. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INI								
None None	Cambridge Md. U.S.A.							
D. FATHER'S NAME	14 MOTHER'S MAIDEN NAME							
Price Jawell	Louise Lildian Bramble							
S. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17	. INFORMANT Address							
No. (If yes, give wor or dates of service) No.	Mrs. Price Jewell Cambridge R.F.D. #3							
NO None   Mrs. Price Jewell Cambridge F								
PART I. DEATH WAS CAUSED BY:								
IMMEDIATE CAUSE (a)	1/6/32							
1544 DUE TO (1)								
Canditions, if any, which gave rise to immediate (b) (1) (-) (-) (-) (-) (-) (-) (-) (-) (-) (-								
couse (a), stating the under. DUE TO								
lying cause last. (c)								
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH B	BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPS' PERFORMED?							
	YES NO							
OR CONTRIBUTING CAUSE OF DEATH  OF CONTRIBUTING CAUSE OF DEATH  OF EITHER, NOTIFY MEDICAL EXAMINER)	RED. (Enter nature of injury in Part 1 ar Part II af item 18.)							
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e.	PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State							
Hour a. ft. While Not while	fectory, street, affice bldg., etc.)							
21. I certify that I attended the deceased from 1900, to 1900, that I last saw the decease								
alive on								
ADDRESS (Street, city or town, state)								
SIGNATURE M.D. 104/ CCC ST DV 12/								
PHYSICIAN'S W. H. HANGES	CAMPRIDGE ML 126/							
20. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY	(2000)							
Burial Dec. 26, 1956 Dorchester  3. FUNERAL DIRECTOR'S SIGNATURE ADDRESS								
	in lack   mail the							
LeCompte Funeral Service Cambridge M	d. DATE/24029/50 HANN I VUEL JU.							

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12415 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No. 2. USUAL RESIDENCE (Where deceased lived If institution; Residence before admission) 1 PLACE OF DEATH crem a. COUNTY b. COUNTY MARYLAND Dorchester Dorchester burial, b. CITY OR TOWN (If owlside corporate timits, write RURAL c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 Cambridge life Cambridge, Maryland d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO 16 Cross Street none 3. NAME OF 4. DATE Middle First Month Year DECEASED DEATH (Type or print) CORTNITHIAN LYNCH 1956 JONES December 10 9. AGE (in years IFUNDER TYEAR IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED TO NEVER MARRIED TO B. DATE OF BIRTH last birthday) Hours Min. WIDOWED [7] DIVORCED [ male colored 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) during most of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY? Cambridge. Maryland none 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Thomas L. Perry Marv M. Jones 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Dorchester County Health Department no INTERVAL BETWEEN 18. CAUSE OF DEATH | Enter only one couse per line for (a), (b), and (c). ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Asphyxia due to smoke 15 minutes IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which gave rise to immediate couse **DUE TO** (o), stoting the underlying cause lost. PART II, OTHER SIGN FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NALDISEASE CONDITION GIVEN IN PART I(o) 19. WAS AUTOPSY PERFORMED? YES T NO 🔛 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20g. EXTERNAL CAUSE WAS PRIMARY IN or CONTRIBUTING CAUSE OF DEATH. Trapped in burning house MEDICAL 20d. INJURY OCCURRED. 20e PLACE OF INJURY (Home, form, 20f. (City or town) 20c TIME OF INJURY Month, Day, Year (County) (State) factory, street, office bldg , etc.) Hour o. m. While Not while -11 - 5 (Priorite 2-10 156 of work at work Cambridge Dorchester Home 21. 1 certify that I taok charge of the remains described above, held an Autapsy ... Inspection ... Inquiry ... Inquiry ... and find that death resulted from: Natural causes , Accident X Suicide . Undetermined cause Hamicide . DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER SIGNATUR ASSISTANT MEDICAL EXAMINER **EXAMINER'S** DEPUTY MEDICAL EXAMINER DE NAME (Type) Eldridge H. Wolff 12-11-56 220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) ADDRESS 94b. REGISTRAR'S SIGNATURE 24g, REC'D BY REGISTRAR VS. A15ME(5) 5M 9/55

DEPUT

S'A A THEM

03L

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 12416 MEDICAL EXAMINER'S CERTIFICATE OF DEATH cremotion Rea. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If Institutions Residence before admission) o. COUNTY O. STATE b. COUNTY MARYLAND Dorchester Maryland Dorchester b. CITY OR TOWN (If outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) and give neorest town Cambridge 71 fe Cambridge d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. /S RESIDENCE ON A FARM? YES NO B 16 Cross Street none NAME OF Middle DATE First Month Day Year DECEASED (Type or print) DEATH PENDRUL GASPARD JONES 19 56 December 10 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED TO 8. DATE OF BIRTH 9. AGE tin years IF UNDER TYPAR IF UNDER 24 HRS. foul berthdoyt Months Min. Hours WIDOWED [7] DIVORCED [ male colored 10-24-54 YFS. 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) pe none Marvland U.S.A. may 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Joe Gaspard Johnson Stella Mae Jones 10 bod 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Dorcheste County Health Department ច M3 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: MMEDIATE CAUSE (a) Asphyxia due to smoke 15 cinutes **DUE TO** Conditions, if any, which } gove rise to immediate couse **DUE TO** (a), stating the underlying couse last. PART H. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY S PERFORMED? NO . 20g. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Port 11 of item 18) PRIMARY OF CONTRIBUTING I CAUSE OF DEATH. Trapped in butning house 20c. TIME OF INJURY 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form, 120f. (City or town) Month, Day, Year (County) (Stote) factory, street, office bldg., etc.) Not while While 11:50 px# 12-10 19 56 of work - and work -Cambridge Dorchester home 21. I certify that I took charge of the remains described above, held on Autopsy [], Inspection X. Inquiry III, and find that death resulted from: Notural couses Accident X, DIRECTOR Suicide . Homicide . Undetermined couse cote, ACTUAL DATE SIGNED CHIEF MEDICAL EXAMINER SIGNATUR forwarder FUNERAL ASSISTANT MEDICAL EXAMINER **EXAMINER'S** DEPUTY MEDICAL EXAMINER DO NAME (Type) Eldridge H. Wolff 12-11-56

22c. NAME OF CEMETERY OR CREMATORY

**ADDRESS** 

22d, LOCATION (City, lown, or county)

24b. REGISTRAR'S SIGNATURE

240 REC'D BY REGISTRAR

(Slote)

VS. A15ME(5) 5M 9/55

0

220 BURIAL CREMATION.

REMOVAL (Specify)

**FUNERAL DIRECTOR'S** 



- OBC

s .v uaanua

1	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
	12428 CERTIFICATE OF DEATH Reg. Dist. No. 12417
	1. PLACE OF DEATH a. COUNTY DOTEL STED MARYLAND 2. USUAL RESIDENCE (Where deceased lived If institution Residence before admission) b. COUNTY DOTEL STED MARYLAND DOTEL STED
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  CAN (1)-1 2 9
	d. NAME OF HOSPITAL (If not of haspital, give street address) OR INSTITUT ON A FARM?  VES [] NO REIL OF HOSPITAL (If not of haspital, give street address)  OR INSTITUT ON A FARM?  VES [] NO REIL OF HOSPITAL (If not of haspital, give street address)  OR INSTITUT ON A FARM?  VES [] NO REIL OF HOSPITAL (If not of haspital, give street address)
	3 NAME OF DECEASED (Type or print) LOUISC LANDON Holdie Lost 4. DATE Month Day Year OF DEATH DEC! 23 1956-
	5. SEX 7. 6. COLOR OR RACE 7. MARRIED   NEVER MARRIED   B. DATE OF BIRTH   P. AGE (In years let under 1 year if under 24 HRS lost birthday)   Months Days Hours Min
	10a. USUAL OCCUPATION (G ve had of work done 10b KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY U.S., A.
	13. FATHER'S NAME  ALCX GOLVIAN  14. MOTHER'S MAIDEN NAME  FRANCES MILLIAM  TO ALVE SES MILIAM  TO ALVE SES MILLIAM  TO ALVE SES MILLIAM  TO ALVE SES MILLIM
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no or unknown) (11 yes, give war or done of service)  213-10-6316 Turns. Corner Had Of Partition Security No. 17. INFORMANT
	1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)  (archar)  Carchar  Lemurrhage  ONSET AND DEATH
	33/X DUE TO
	gove rise to immediate cause (a), stating the under-lying cause last.
	206. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 206. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Port II of ifem 18.)
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour a. st., p. m. 19 While of work at work
	21. I certify that I attended the deceased fram 12/22, 19 16 to 12/23, 19 16, that I last saw the decease alive on 12/23, 19 16, and that death accurred at 3 000M, fram the causes and an the date stated above
	ADDRESS (Street, city or fown, stote) DATE SIGNE
	SIGNATURE COLLECTION M.D. (50 Ad (8)), (41)
	PHYSICIAN'S LOWYENCE Maryanov Cambridge Md  220. BURIAL CREMATION, 226. DATE THEREOF / 125. NAME OF CEMETERY OF CREMATORY 123d. LOCATION (City, lown, or county) (State)
ŀ	Benoval (Specify) 12/28/36 Selever City Cambridge Tuti
	22. FUNERAL DIRECTOR'S SIGNATURE ADDRESS LOVE Who DATE SIGNATURE DATE SIGNATURE DATE SIGNATURE DATE SIGNATURE DATE SIGNATURE S







## **CERTIFICATE OF DEATH**

December 1 County Caroline  L. CHY OR TOWN (If outside corporate limits, write   C. LENGTH OF STAY IN 16   C. CHY OR TOWN (If outside corporate limits, write RURAL and give necret town)  LOWNED TAGE  L. CHY OR TOWN (If outside corporate limits, write   C. CHY OR TOWN (If outside corporate limits, write RURAL and give necret town)  LOWNED TAGE  L. CHY OR TOWN (If outside corporate limits, write RURAL and give necret town)  L. CHY OR TOWN (If outside corporate limits, write RURAL and give necret town)  L. CHY OR TOWN (If outside corporate limits, write RURAL and give necret town)  L. CHY OR TOWN (If outside corporate limits, write RURAL and give necret town)  L. CHY OR TOWN (If outside corporate limits, write RURAL and give necret town)  L. CHY OR TOWN (If outside corporate limits, write RURAL and give necret town)  L. CHY OR TOWN (If outside corporate limits, write RURAL and give necret town)  L. CHY OR TOWN (If outside corporate limits, write RURAL and give necret town)  L. CHY OR TOWN (If outside corporate limits, write RURAL and give necret town)  L. CHY OR TOWN (If outside corporate limits, write RURAL and give necret town)  L. CHY OR TOWN (If outside corporate limits, write RURAL and give necret town)  L. CHY OR TOWN (If outside corporate limits, write RURAL and give necret town)  L. CHY OR TOWN (If outside corporate limits, write RURAL and give necret town)  L. CHY OR TOWN (If outside corporate limits, write RURAL and give necret town)  L. CHY OR TOWN (If outside corporate limits, write RURAL and give necret town)  L. CHY OR TOWN (If outside corporate limits, write RURAL and give necret town)  L. CHY OR TOWN (If outside corporate limits, write RURAL and give necret town)  L. CHY OR TOWN (If outside corporate limits, write RURAL and give necret town)  L. CHY OR TOWN (If outside corporate limits, write RURAL and give necret town)  L. CHY OR TOWN (If outside corporate limits)  L. CHY OR TOWN (If outside corporate limits)  L. CHY OR TOWN (If outside corporate limits)  L. CHY OR TOWN (If outside corporate limit	1643	JERTH 10.	AIL OI DEAIII		Reg. Dist. No.
DOTCHESTET  MARTIAND  LOTY OR TOWN (If outlide corporate limits, write RUBAL and give necreal town)  RUBAL and give necreal town  STECKS  CEMPOTICE  STECKS  FOR CEMPOTICE  AND THE CONTROLL OF THE STECKS IN THE STECKS AND THE STECKS	1. PLACE OF DEATH		2. USUAL RESIDENCE (Whe		in: Residence before admission)
RURAL OF MOSPITAL (IF not in hospital, give street oddress)  O. STREET ADDRESS  O. STREET	Dorchester	MARYLAND	Md	b. COUNTY	Caroline
Cambridge 5 Yeeks 6 ANACO STREET ADDRESS 6. STRE		ile c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If ou	tside corporate limits, write RU	JRAL and give nearest town)
NAME OF DEATH OF STORY OF STOR	Cambridge		Pedorals	burg. Md.	R.F.D.
NAME OF STRIPS AND MANY A. Martin  SEX    S. COLOR OR RACE   T. MARRED   NEVER MARRIED   S. DATE OF BIRTH   S. DATE OF STRIP   S. DATE OF WIGHT COULTY   S. DATE OF BIRTH   S. DATE OF BIRTH   S. DATE OF BIRTH   S. DATE OF BIRTH   S. DATE OF WIGHT COULTY   S. DATE OF BIRTH   S. DATE OF BIRTH   S. DATE OF WIGHT COULTY   S. DATE OF BIRTH   S. DATE OF BIRTH   S. DATE OF WIGHT COULTY   S. DATE OF BIRTH   S. DATE OF	d. NAME OF HOSPITAL (If not in hospital, give st OR INSTITUTION	reet address)	d. STREET ADDRESS		e IS RESIDENCE
DECEASE    C. COLOR OR RACE   7. MARRIED   NEVER MARRIED   2. DATE OF BIRTH   1. ACCIDING REACE   7. MARRIED   NEVER MARRIED   2. DATE OF BIRTH   1. ACCIDING REACE   7. MARRIED   NEVER MARRIED   2. DATE OF BIRTH   1. ACCIDING REACE   7. MARRIED   NEVER MARRIED   2. DATE OF BIRTH   1. BIRTHACKE (state or foreign country)   1. CHILLEN OF WHAT COUNTY   1. BIRTHACKE (state or foreign country)   1. CHILLEN OF WHAT COUNTY   1. DATE OF WHAT COUNTY		reet	rura	1	YES NO
Conditions, if any, which gave rise to immediate Cause by Indian Enter Conditions, if any, which gave rise to immediate Cause by Indian Enter Conditions, if any, which gave rise to immediate Cause by Indian Enter Conditions, if any, which gave rise to immediate Cause by Indian Enter Conditions, if any, which gave rise to immediate Cause by Indian Enter Conditions, if any, which gave rise to immediate Cause by Indian Enter Conditions C	NAME OF First DECEASED	Middle	Last	4 DATE Monti	h Day Year
The management of the manageme	annoy made	artin		DEATH Dec. 7	3 17
DUSTANDED COUNTING. (See kind of work done) TOURS WITE  ROBER IN U.S. ARMED FORCES?  WAS DECEASED EVER IN U.S. ARMED FORCES?  WAS DECEASED EVER IN U.S. ARMED FORCES?  TO DISCUSSION OF DEATH [Enter only one course per line for (o), (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)  FART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o)  120. ACCIDENT WAS UNDERLYING DORSON OF CAUSE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18)  OR CONTRIBUTING TO CAUSE OF DEATH (E TITLE, NOTHING MORE)  TO DEATH BY OCCURRED. (Enter nature of injury in Part I or Port II of item 18)  OR CONTRIBUTING TO CAUSE OF DEATH (BE TITLE, NOTHING MORE)  TO DEATH BY OCCURRED. (Enter nature of injury in Part I or Port II of item 18)  OR CONTRIBUTING TO CAUSE OF DEATH (BE TITLE, NOTHING MORE)  TO DEATH BY OCCURRED. (Enter nature of injury in Part I or Port II of item 18)  OR CONTRIBUTING TO CAUSE OF DEATH (BE TITLE, NOTHING MORE)  TO INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18)  OR CONTRIBUTING TO CAUSE OF DEATH (BE TITLE, NOTHING MORE)  TO INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18)  OR CONTRIBUTING TO CAUSE OF DEATH (BE TITLE, NOTHING MORE)  TO INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18)  OR CONTRIBUTION DEACH EXAMINER IN PART I(o)  TO INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18)  OR CONTRIBUTION DEACH EXAMINER IN PART I(o)  TO INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18)  OR CONTRIBUTION DEACH EXAMINER IN PART I(o)  TO INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18)  OR CONTRIBUTION DEACH EXAMINER IN PART I(o)  TO INJURY OCCURRED. TO THE PART IN PART I(o)  TO INJURY OCCURRED. TO THE PART IN PART I(o)  TO INJURY OCCURRED. TO THE	. SEX 6. COLOR OR RACE 7. A	MARRIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years lost birthday)	IF UNDER 1 YEAR IF UNDER 24 H
during most of working life, even if relired)  NONE  FATHER'S NAME  RO BETT MC Cready  WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT  NO METS. GEORGE FOWLER Cambridge, Md.  18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE OF  IMMEDIATE CAUSE OF  Conditions, if any, which gave rise to immediate couse (o), storing the under line)  (b) Carcimons of Gall Bladder with Matastisis 3 month gave rise to immediate couse (o), storing the under line)  (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19 PASS AUTO  OR CONTRIBUTING (C) CAUSE OF DEATH (ETHER NOT WAS UNDERLYING (C) PERFORMED (ETHER NOTIFY MEDICAL EXAMINES)  20c. ACCIDENT WAS UNDERLYING (C) While Not white of individence of injury in Part I or Port II of item 18)  To the OF INJURY Month, Day, Year 20d INJURY OCCURRED (Enter noture of injury in Part I or Port II of item 18)  To the OF INJURY Month, Day, Year 20d INJURY OCCURRED (Enter noture of injury in Part I or Port II of item 18)  To the OF INJURY Month, Day, Year 20d INJURY OCCURRED (Enter noture of injury in Part I or Port II of item 18)  To the OF INJURY Month, Day, Year 20d INJURY OCCURRED (Enter noture of injury in Part I or Port II of item 18)  To the OF INJURY Month, Day, Year 20d INJURY OCCURRED (Enter noture of injury in Part I or Port II of item 18)  To the OF INJURY Month, Day, Year 20d INJURY OCCURRED (Enter noture of injury in Part I or Port II of item 18)  To the OF INJURY Month, Day, Year 20d INJURY OCCURRED (Enter noture of injury in Part I or Port II of item 18)  To the OF INJURY Month, Day, Year 20d INJURY OCCURRED (Enter noture of injury in Part I or Port II of item 18)  To the OF INJURY Month, Day, Year 20d INJURY OCCURRED (Enter noture of injury in Part I or Port II of item 18)  To the OF INJURY Month, Day, Year 20d INJURY OCCURRED (ENTER NOTICE OF INJURY (Hone, farm, 20f. (City or town) (County) (Count					
HOUSEWIFE NAME  Robert Mc Cready  WAS DECEASED EVER IN U. S. ARMED FORCES? In. SOCIAL SECURITY NO. IN INFORMANT  NO. OF INTERIOR OF DEATH [Enter coly one course per line for (o). (b). and (c).]  PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o). Terminal Broncho-pneumonia  IMMEDIATE CAUSE (o). Terminal Broncho-pneumonia  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) IP WAS AUTO COUNTY IN COUNTY WAS UNDERLYING ID CAUSE OF DEATH (IS ETHERN FORTH WAS UNDERLY IN THE CAUSE OF DEATH (IS ETHERN FORTH WAS UNDERLY IN THE CAUSE OF DEATH (IS ETHERN FORTH WAS UNDERLY IN THE CAUSE OF DEATH (IS ETHERN FORTH WAS UNDERLY IN THE CAUSE OF DEATH (IS ETHERN FORTH WAS UNDERLY	Jo USUAL OCCUPATION (G've kind of work done during most of working life, even if retired)	105. KIND OF BUSINESS OR INDU	JSTRY 11. BIRTHPLACE (State o	r foreign country)	12 CITIZEN OF WHAT COUN
Robert Mc Cready  WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT  No. of infiltering   (1) yes, give were or does of vertical)   10. Only   10. INFORMANT   10. INFORMANT   10. INFORMANT   10. INFERVAL RETIVER CONSETTAND DEA   10	housewife	none	Linkwood,	Md.	U. S. A.
INC. OF CANSE DEVER IN U. S. ARNED FORCES? IG. SOCIAL SECURITY NO. IT. INFORMANT  INC. OF CANSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]  IB. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]  PART I. DEATH WAS CLUEED BY.  IMMEDIATE CAUSE (o)  Conditions, if any, which gave rise to immediate couse (o). Terminal Broncho-pneumonia  Conditions, if any, which gave rise to immediate couse (o). Terminal Broncho-pneumonia  ODLE TO  Conditions, if any, which yellow the couse (o). Stating the under the couse (o). Stating the under the couse (o). Stating the under the couse (o). The conditions of the couse of the	3. FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME	
18. CAUSE OF DEATH [Enter only one couse per line for [c], (b), ond (c).]  PART I. DEATH WAS CAUSE (b).  TO TORMINAL ETIME ONSET AND DEATH IMMEDIATE CAUSE (c).  Conditions, if any, which gave rise to immediate couse (c), staining the under lying couse lost.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (c) 19 WAS AUTO PERFORMED YES NO  200. ACCIDENT WAS UNDERLYING [] OR CONTRIBUTING [] CAUSE OF DEATH If EITHER, NOTHER MEDICAL EXAMINER]  200. ACCIDENT WAS UNDERLYING [] OR CONTRIBUTING [] CAUSE OF DEATH If EITHER, NOTHER MEDICAL EXAMINER]  201. TIME OF INJURY Month, Day, Year 200 INJURY OCCURRED. While   Not while   Store wask.   While   Not while   Not while   Store wask.   If I certify that I attended the deceased from   1 - 6			unknown		
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]  PART I. DEATH WAS CAUSED BY.  ONE TO ONSET AND DEATH MANDED AT CAUSE (o)  Torminal Broncho-pneumonia  1 day  Conditions, if any, which gave rise to immediate couse (o), stating the under lying couse lost.  (c)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II (o)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II (o)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II (o)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II (o)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II (o)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II (o)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II (o)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II (o)  PART II. OTHER SIGNIFICANT MONTH TO PART II (o)  PART II. OTHER SIGNIFICANT MONTH TO PART II (o)  PART II. OTHER SIGNIFICANT MONTH TO PART II (o)  PART II. OTHER SIGNIFICANT MONTH TO PART II (o)  PART II. OTHER SIGNIFICANT MONTH TO PART II (o)  PART II. OTHER SIGNIFICANT MONTH TO PART II (o)  PART II. OTHER SIGNIFICANT MONTH TO PART II (o)  PART II. OTHER SIGNIFICANT MONTH TO PART II (o)  PART II. OTHER SIGNIFICANT MONTH TO PART II (o)  PART II. OTHER SIGNIFICANT MONTH TO PART II (o)  PART II. OTHER SIGNIFICANT MONTH TO PART II (o)  PART II. OTHER SIGNIFICANT MONTH TO PART II (o)  PART II. OTHER SIGNIFICANT MONTH TO PART II (o)  PART II. OTHER SIGNIFICANT MONTH TO PART II (o)  PART II. OTHER SIG		16. SOCIAL SECURITY NO. 17.	INFORMANT	Addre	DES
PART I. DEATH WAS CAUSED BY.  IMMEDIATE CAUSE (a)  TO Conditions, if any, which gave rise to immediate Couse (o), totating the under Lying cause lost.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19 WAS AUTO PERFORMED YES NO  200. ACCIDENT WAS UNDERLYING DOR CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19 WAS AUTO PERFORMED YES NO  200. ACCIDENT WAS UNDERLYING DOR CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19 WAS AUTO PERFORMED YES NO  200. ACCIDENT WAS UNDERLYING DOR CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19 WAS AUTO PERFORMED YES NO  200. ACCIDENT WAS UNDERLYING DOR CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19 WAS AUTO PERFORMED YES NO  200. ACCIDENT WAS UNDERLYING DOR CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19 WAS AUTO PERFORMED.  200. ACCIDENT WAS UNDERLYING DOR CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19 WAS AUTO PERFORMED.  200. ACCIDENT WAS UNDERLYING DOR CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19 WAS AUTO PERFORMED.  201. I Certify that I attended the deceased from 19 While of work Dot was the deceased from 19 While of work Dot was the deceased from 19 While of work Dot was the deceased from 19 While of work Dot was the deceased from 19 While of work Dot was the deceased from 19 While of work Dot was the deceased from 19 While of work Dot was the deceased from 19 While of work Dot was the deceased from 19 While of work Dot was the deceased from 19 While of work Dot was the deceased from 19 While of work Dot was the deceased from 19 While of work Dot was the deceased from 19 While of work Dot was the deceased from 19 While of work Dot was the deceased from 19 While of work Dot was		no	Mrs. George	Fowler Com	bridge, Md.
Due to   Carcimons of Gall Bledder with Matastisis   3 month   Gave rise to immediate couse (c), stating the under lying couse lost.   Court	18. CAUSE OF DEATH [Enter only one couse p	er line for (a), (b), and (c).]			INTERVAL BETWEEN
Conditions, if any, which gave rise to immediate couse (c), stating the under lying couse lost.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTO PERFORMED YES NO CONTRIBUTING CONTRIBUTION (Country)  20c. ACCIDENT WAS UNDERLYING CONTRIBUTED CONTRIBUTING CONTRIBUTING CONTRIBUTION (Country)  (SOME CONTRIBUTING CONTRIBUTION CONTRI	PART I. DEATH WAS CAUSED BY:	Terminal Bronche	n=nneumanie		
Conditions, if any, which gave rise to immediate couse (a), stating the under tyling couse lost.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTO PERFORMED.  200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTO PERFORMED.  200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTO PERFORMED.  200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTO PERFORMED.  200. ACCIDENT WAS UNDERLYING OR CAUSE OF DEATH [IF EITHER, NOTITY MEDICAL EXAMINER]  200. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED to PLACE OF INJURY (Home, farm, 120f. (City or town) (County) (S) Molt while of work 10 work			part unitoriza		
Due to couse (a), stating the under tying course lost.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19 WAS AUTO PERFORMED. THE CONTRIBUTION OF CONTRIBUTI		Carcinona of Col	7 Dloddon with	Noto-bi-i-	7 45
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTO PERFORMED YES NO ACCIDENT WAS UNDERLYING CAUSE OF DEATH IT STATES OF DEATH IT S	gave rise to immediate	out ormone or Ger	A dimposition of the state of t	EEEEESLISIS	5 monutes
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19 WAS AUTO PERFORMED YES NO 200. ACCIDENT WAS UNDERLYING TO CAUSE OF DEATH IF EITHER, NOTHER MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 1B)  20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED While of work of injury in Part I or Part II of item 1B)  20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED While of work of injury in Part I or Part II of item 1B)  20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED While of work of injury in Part I or Part II of item 1B)  20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED Wisher of injury in Part I or Part II of item 1B)  20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED Wisher of injury in Part I or Part II of item 1B)  (County) (Society)  (Society, Street, office bidg., etc.) 20f. (City or town) (County) (County)  (Society of item II also saw the deceased and on the date stated of a document of injury in Part I or Part II of item 1B)  21. I certify that I attended the deceased from 19 While of work of item 1B.)  22. I certify that I attended the deceased from 19 While of work of item 1B.)  22. I certify that I attended the deceased from 19 While of work of item 1B.)  22. I certify that I attended the deceased from 19 While of work of item 1B.)  22. I certify that I attended the deceased from 19 While of work of item 1B.)  22. I certify that I attended the deceased from 19 While of work of item 1B.)  22. I certify that I attended the deceased from 19 While of work of item 1B.)  22. I certify that I attended the deceased from 19 While of work of item 1B.)  22. I certify that I attended the deceased from 19 While of work of item 1B.)  22. I certify that I attended the deceased from 19 While of work of item 1B.)  22. I certify that I attended the deceased from 19 While of work of item 1B.)  22. I certify that I attended the deceased from 19 While of wo	coose (o), staring the under-				
PERFORMED  20a. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH [IF EITHER, NOTIFY MEDICAL EXAMINER]  20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED While of work cause of the county of factory, street, office bldg., etc.]  21. I certify that I attended the deceased from. 11-6. , 156, to 12-7. , 1956, that I last saw the deceased glive on 12-6. , 1956. , and that death occurred at 2:00P.M, from the causes and on the dote stated of ADDRESS (Street, city or town, state)  ACTUAL SIGNATURE ADDRESS (Street, city or town, state)  PHYSICIAN'S NAME (Type)  C. BURIAL CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) Dec. 9. 1956 Valshington Cem. Hurlock, Md.  FUNERAL DIRECTOR'S SIGNATURE  ADDRESS  24a. REC'D By REGISTRAR 22b. REGISTRAR'S SIGNATURE	/ (1)	INS CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERMIN	IAL DISEASE CONDITION GIVE	N IN PART I(a) 19 WAS AUTOPS
20a. ACCIDENT WAS UNDERLYING [] OR CONTRIBUTING [] CAUSE OF DEATH    19	PART II. OTHER SIGNIFICANT CONDITION  200. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH  IF EITHER, NOTIFY MEDICAL EXAMINER				PERFORMED?
20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED Hour a. n. 19 While of work as wask. 20m. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20f. (City or town) (County) (Switch of the last saw the deceased from 12-6, and that death occurred at 2:00PM, from the causes and on the date stated of ADDRESS (Street, city or town, state) DATE STATURE SIGNATURE ACTUAL SIGNATURE ADDRESS (Street, city or town, state) DATE STATURE (Type) TIDITION (City, town, or county) (State) DEC. 9. I 9.56 Value of CEMETERY OR CREMATORY DEC. 9. I 9.56 Value of CEMETERY	200. ACCIDENT WAS UNDERLYING (7) 20b.	DESCRIBE HOW INJURY OCCURRO	ED. (Enter nature of injury in Po	art I or Port II of item 18 I	IN THE P
20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED Hour a. n. 19 While of work as wask. 20m. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20f. (City or town) (County) (Switch of the last saw the deceased from 12-6, and that death occurred at 2:00PM, from the causes and on the date stated of ADDRESS (Street, city or town, state) DATE STATURE SIGNATURE ACTUAL SIGNATURE ADDRESS (Street, city or town, state) DATE STATURE (Type) TIDITION (City, town, or county) (State) DEC. 9. I 9.56 Value of CEMETERY OR CREMATORY DEC. 9. I 9.56 Value of CEMETERY	OR CONTRIBUTING CO CAUSE OF DEATH				
Hour a. n.  p. nr. — 19 While of work at wask.   21. I certify that I attended the deceased from 11=6 , 156 , to 12=7 , 1956 , that I last sow the deceased on 12=6 , 1956 , and that death occurred at 2:00PM, from the causes and on the date stated of ADDRESS (Street, city or town, state)  ACTUAL SIGNATURE		od INIURY OCCURRED   20e. Pi	LACE OF INJURY (Home from	20f. (City or town)	(County) (Sta
21. I certify that I attended the deceased from 11-6 , 156 , to 12-7 , 1956 that I last sow the deceased alive on 12-6 , 1956 , and that death occurred at 2:00PM, from the causes and on the date stated of ADDRESS (Street, city or town, state)  ACTUAL SIGNATURE	Hour a. m. W	fhile Not white fo	ictory, street, office bldg., etc.)	1	(county) (side
actual signature   12-6   1956   and that death occurred at 2:00P, M, from the causes and on the date stated of ADDRESS (Street, city or town, state)   DATE SI    ACTUAL SIGNATURE   ADDRESS (Street, city or town, state)   DATE SI    PHYSICIAN'S   TIdridge H. Volff   12-0    PHYSICIAN'S   TIDRIGGE   12-0    PHYSICIAN'S   TI					
ACTUAL SIGNATURE CALLER HOLD SHIP ADDRESS (Street, city or town, state)  DATE SIGNATURE CALLER HOLD SHIP ADDRESS (Street, city or town, state)  DATE SIGNATURE CALLER HOLD SHIP ADDRESS (Street, city or town, state)  DATE SIGNATURE CALLER HOLD SHIP ADDRESS (Street, city or town, state)  DATE SIGNATURE CALLER HOLD SHIP ADDRESS (Street, city or town, state)  DATE SIGNATURE CALLER HOLD SHIP ADDRESS (Street, city or town, state)  DATE SIGNATURE CALLER HOLD SHIP ADDRESS (Street, city or town, state)  DATE SIGNATURE CALLER HOLD SHIP ADDRESS (Street, city or town, state)  DATE SIGNATURE CALLER HOLD SHIP ADDRESS (Street, city or town, state)  DATE SIGNATURE CALLER HOLD SHIP ADDRESS (Street, city or town, state)  DATE SIGNATURE CALLER HOLD SHIP ADDRESS (Street, city or town, state)  DATE SIGNATURE CALLER HOLD SHIP ADDRESS (Street, city or town, state)  DATE SIGNATURE CALLER HOLD SHIP ADDRESS (Street, city or town, state)  DATE SIGNATURE CALLER HOLD SHIP ADDRESS (Street, city or town, state)  DATE SIGNATURE CALLER HOLD SHIP ADDRESS (Street, city or town, state)  DATE SIGNATURE CALLER HOLD SHIP ADDRESS (Street, city or town, state)  DATE SIGNATURE CALLER HOLD SHIP ADDRESS (Street, city or town, state)  DATE SIGNATURE CALLER HOLD SHIP ADDRESS (Street, city or town, state)  DATE SIGNATURE CALLER HOLD SHIP ADDRESS (Street, city or town, state)  DATE SIGNATURE CALLER HOLD SHIP ADDRESS (STREET, city or town, state)  DATE SIGNATURE CALLER HOLD SHIP ADDRESS (STREET, city or town, state)  DATE SIGNATURE CALLER HOLD SHIP ADDRESS (STREET, city or town, state)  DATE SIGNATURE CALLER HOLD SHIP ADDRESS (STREET, city or town, state)  DATE SIGNATURE CALLER HOLD SHIP ADDRESS (STREET, city or town, state)  DATE SIGNATURE CALLER HOLD SHIP ADDRESS (STREET, city or town, state)  DATE SIGNATURE CALLER HOLD SHIP ADDRESS (STREET, city or town, state)  DATE SIGNATURE CALLER HOLD SHIP ADDRESS (STREET, city or town, state)  DATE SIGNATURE CALLER HOLD SHIP ADDRESS (STREET, city or town, state)  DATE SIGNATURE CALLER HOLD SHIP ADDRESS (STREET, city or	200				
ACTUAL SIGNATURE CALLER HOLD SHIP ADDRESS (Street, city or town, state)  DATE SIGNATURE CALLER HOLD SHIP ADDRESS (Street, city or town, state)  DATE SIGNATURE CALLER HOLD SHIP ADDRESS (Street, city or town, state)  DATE SIGNATURE CALLER HOLD SHIP ADDRESS (Street, city or town, state)  DATE SIGNATURE CALLER HOLD SHIP ADDRESS (Street, city or town, state)  DATE SIGNATURE CALLER HOLD SHIP ADDRESS (Street, city or town, state)  DATE SIGNATURE CALLER HOLD SHIP ADDRESS (Street, city or town, state)  DATE SIGNATURE CALLER HOLD SHIP ADDRESS (Street, city or town, state)  DATE SIGNATURE CALLER HOLD SHIP ADDRESS (Street, city or town, state)  DATE SIGNATURE CALLER HOLD SHIP ADDRESS (Street, city or town, state)  DATE SIGNATURE CALLER HOLD SHIP ADDRESS (Street, city or town, state)  DATE SIGNATURE CALLER HOLD SHIP ADDRESS (Street, city or town, state)  DATE SIGNATURE CALLER HOLD SHIP ADDRESS (Street, city or town, state)  DATE SIGNATURE CALLER HOLD SHIP ADDRESS (Street, city or town, state)  DATE SIGNATURE CALLER HOLD SHIP ADDRESS (Street, city or town, state)  DATE SIGNATURE CALLER HOLD SHIP ADDRESS (Street, city or town, state)  DATE SIGNATURE CALLER HOLD SHIP ADDRESS (Street, city or town, state)  DATE SIGNATURE CALLER HOLD SHIP ADDRESS (Street, city or town, state)  DATE SIGNATURE CALLER HOLD SHIP ADDRESS (Street, city or town, state)  DATE SIGNATURE CALLER HOLD SHIP ADDRESS (STREET, city or town, state)  DATE SIGNATURE CALLER HOLD SHIP ADDRESS (STREET, city or town, state)  DATE SIGNATURE CALLER HOLD SHIP ADDRESS (STREET, city or town, state)  DATE SIGNATURE CALLER HOLD SHIP ADDRESS (STREET, city or town, state)  DATE SIGNATURE CALLER HOLD SHIP ADDRESS (STREET, city or town, state)  DATE SIGNATURE CALLER HOLD SHIP ADDRESS (STREET, city or town, state)  DATE SIGNATURE CALLER HOLD SHIP ADDRESS (STREET, city or town, state)  DATE SIGNATURE CALLER HOLD SHIP ADDRESS (STREET, city or town, state)  DATE SIGNATURE CALLER HOLD SHIP ADDRESS (STREET, city or town, state)  DATE SIGNATURE CALLER HOLD SHIP ADDRESS (STREET, city or	alive on 12-6	206 and that deat	occurred at 2:00P	M, from the causes or	nd on the date stated ab
PHYSICIAN'S NAME (Type)  C. BURIAL CREMATION, 22b. DATE THEREOF REMOVAL (Specify)  DUTION  FUNERAL DIRECTOR'S SIGNATURE  PHYSICIAN'S NAME (Type)  C. NAME OF CEMETERY OR CREMATORY  DUTION  PURPOSE ADDRESS  1240. REC'D BY REGISTRAR 22b, REGISTRAR'S SIGNATURE    Cambridge, 11d	5 /1/2 · 1/2	Ur. Echlos	A'	DDRESS (Street, city or town, s	state) DATE SIG
PHYSICIAN'S NAME (Type)  Tldridge H. Volff K.  BURIAL CREMATION 22b. DATE THEREOF REMOVAL (Specify) Durial  Dec. 9. 1956  Volshington Cem.  FUNERAL DIRECTOR'S SIGNATURE  PHYSICIAN'S Tldridge H. Volff K.  22c. NAME OF CEMETERY OR CREMATORY Dec. 9. 1956  PHYSICIAN'S PURCHASTORY  ADDRESS  12d. LOCATION (City, lown, or county)  (Stole)  PHYSICIAN'S PHYSICI	SIGNATURE LANCETZ/	1110 ffilh	M.D. 15 Locus	t Street, Camb	ridge, Md. IFA
o. BURIAL CREMATION 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, lown, or county) (Stote)  DUTION Dec. 9. 1956 V.D.Shington Cem. Hurlock, Md.  FUNERAL DIRECTOR'S SIGNATURE 22d. REC'D BY REGISTRAR'S SIGNATURE //	PHYSICIAN'S NAME (Type) Pldridge H	Tales of			
Dec. 9. 1956 Washington Cem. Hurlock, Md.  FUNERAL DIRECTOR'S SIGNATURE  ADDRESS  240. REC'D BY, REGISTRAR'S SIGNATURE //			DE CREMATORY IS	22d LOCATION (City Jown o	County (County)
FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY, REGISTRAR TO REGISTRAR'S SIGNATURE	REMOVAL (Specify)				
200 REC D O RECORDINAR SIGNARIORE MAINTENAR SIGNARIORE					
	4.1		24a. REC'D		IKAK S SIGNATURE

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours may be retain by the haspital or attending physician.

TO FUNERAL IT CTOR: After this certificate has been signed by the attending physician and campletely filled in the page 3 should ac detached far use as the burial-transit permit. Then please remaye carbon papers. Pages 1 and 2 like registrar prior to buriol, cremation, or remayal, and in any event within 72 hours after degith.

funeral director, uld be filed with

ofter death. Page

BRUEVE A. d.

GET. A. SE

TO HOSPITAL

VS A1S (4) 15M 9/55

## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

12431 **CERTIFICATE OF DEATH** 

12419 Pag Dist No

1. PLACE OF DEATH			44.4.0	YLAND	o. STATE			d lived. If instituti		a before oc	Imission)
	Dorches'					Maryl			Dor	cches	
b, CITY OR TOWN RURAL and give	(If autside corporate limits	, write	c. LENGTH OF STA	Y IN Th	c. CITY OR	TOWN (IF a	utside carpa	rote limits, write F	URAL and gi	ve nearest	fawn)
and a	bridge		10 yr	s		Cambo	ridge				
	ITAL (If not in hospital, gir	ve street			d. STREET /	DDRESS				e. IS	RESIDENCE
96	Park Lane					96 Pa	irk I	ane		YE	S 🗌 NO 🏋
3. NAME OF	First	1	Middl	0	Les	il i	4. DATE	Мог	nth	Day	Yeor
[Type or print]	Nanc				Mc	Lane	OF DEATH	Dec		22	19 56
5 SEX	6. COLOR OR RACE	7. MARE	RIED   NEVER MARR	IED 🔲 1	B. DATE OF BIRT	н		9 AGE (In years lost birthday)			INDER 24 HRS
Female	Negro	WIDOW	ED 📆 DIVORC	ED 🔲	June	11.18	194	62 75.	Months E	Days Ho	urs Min.
100. USUAL OCCUPAT	ION (Give kind of work d	one 10b.	KIND OF BUSINESS	OR INDUS	TRY 11. BIRTHPI	ACE (State of	or fareign c			ZEN OF W	HAT COUNTR
auring most at wa	Irking life, even it relired)										
13. FATHER'S NAME	ewife		Housewi	re		th Ca		<u>na</u>		USA	
IJ. PAIREK 3 NAME					14. MOTHER'S	MAIDEN N.	AME				
H	enry Mc	Glo	ughlen			Na	nev	Coving	ton		
15. WAS DECEASED EV	ER IN U. S. ARMED FORCE		SOCIAL SECURITY NO	D. 17. IN	IFORMANT			Add	lress		
No	=======	11 -	20-26-13	at .	Pearli	a Moa	766	Tona a	aw basi	dae	116.3
	ATH [Enter anly one cou			70	LGGIII	- Juan	IVICI	name, C	ambri		DET
	ATH WAS CAUSED BY:	se per in		_						ONSET A	L BETWEEN
112	IMMEDIATE CAUSE (a)		<u> </u>	ic he	comper	saul	)II				
420,0	DUE TO										
Conditions, if		Hvr	pertensiv	re Ar	rterios	cler	otic	Heart 1	)isea:	e	
gave rise to	immediate ( Dur to										
lying cause last	me under-										
	THER SIGNIFICANT COND	ITIONS (	CONTRIBUTING TO DE	ATH BUT I	NOT BELLTED TO	THE TERLAPA	IAL DICEAC	CONDITION	/FN1 IN1 DAGE	34 - 120 - 14	AC AUTOBOY
6	THE STOTH CALL COIL	11101432	ONTRIBUTING TO DE	AIG BOTT	NOT KELATED TO	/ ITIE LEKMIN	NAL DISEAS	E CONDITION GIV	EN IN PARI	PE PE	REORMED?
2										YES	NO
PART II. O	AS UNDERLYING A CAUSE OF DEATH Y MEDICAL EXAMINER)	706. DES	CRIBE HOW INJURY (	DCCURRED	. (Enter noture o	f injury in P	ort I or Por	I II of item 18.)			
ZOC. TIME OF INJU	IRY Month, Day, Year	20d II	NJURY OCCURRED	20e. PLA	CE OF INJURY	Home, form.	20f. (City	or town)	ICa	ounty)	[State]
Hour or to	10	While	Not white	fact	ary, street, affici	e bldg., etc.)	1		(-0	idiniy j	(2raic)
₹ p. m.		of war	k ol work				1				
21. I certify I	that I attended the	deceas	ed from Dec	12.	1925	, to D	ecem	ner22 5	5.that I le	ast saw t	he deceas
alive on De	cember 22.	. 19	56 and the	t death	occurred at		M from	the course	and on the	a data e	tatad alsas
	100		1				DDRESS IS	reet, city ar town,	state)	s dule s	DATE SIGN
ACTUAL	14 Les Jas	12	<del>}</del>		227			·		21.	
SIGNATURE			<u> </u>	A	1.D	LTITE	36-1	Cambrid	re, Ma	-4	Dec
PHYSICIAN'S NAME (Type)	J. Edwin	Fas	sett, M.D.								
220. BURIAL, CREMATI	ON, 226. DATE THEREOF		22c. NAME OF CEN	AETERY OR	CREMATORY		22d. LOCAT	ION (City, town,	Or county)		Stote)
Burial	4	956	Waugh						"		0101
23. FUNERAL DIRECTO		270	ADDRESS	Cente	s relia				Mary		
3. PUNERAL DIRECTO	THE AUDIT		1			24a, REC'D	/ /_	MAR 24b-REGI	STRAR'S SIGN		
MARLIZA	111111111111111111111111111111111111111	4/2	-Kamhi	cidor	A.W.	DATE //	5.15	1	an )	1110	ce d

1777.12020

3 'A CHINA

ony delay in necessary, please exe-funeral dir. Page 4 should be TO DEPUTY 25-DICEL EXAMINER: This certificom shauld be executed within 2m moun often much. If cute the content withing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the forwarded. The Chief Medical Examiner's Office along with form PM3. Page 5 may be retained to

4			19/13	DICA	L EXAMINER'	S CERTIFICA	TE OF	DEATH	Reg. Die	I. No.	461	)
1r /		LACE OF DEATH	To Fe	. 15	MARYLAND	2. USUAL RESIDENCE 9. STATE	(Where deced	F. COUN				on)
Amagana Pr	ь	. CITY OR TOWN (II	f autside corporate limits, wir	e RURAL	c. LENGTH OF STAY IN 16	c. CITY OR TOWN	(If outside cor	porole limits, write	RURAL and	give neo	rest town)	
	d		AL OR INSTITUTION	If not in hose	pital, give street address)	d. STREET ADDRESS					. IS RESID	DENCE
		F	3		1	-	h.7				ON A F	FARM?
	1	NAME OF DECEASED Type or print)		rsi ,	Middle	Lost .	4. DATE OF DEATH	Mon	Ih	Doy	Year 19	
	5. \$	EX	6. COLOR OR RACE	7. MARRIE		B. DATE OF BIRTH		9. AGE (In years last birthday)			OUTS M	24 HRS
X	10a	USUAL OCCUPATION OF WORKING	ng life, even if retired)	done 10b. K	IND OF BUSINESS OR INDUS	TRY 11. SIRTHPLACE (Sta	le or foreign	country	12. CITIZ	EN OF	WHAT CO	UNTR
1 /	13.	FATHER'S NAME				14. MOTHER'S MAIDEN	NAME					
			1276 177			" ए खाक	4- 1					
		no, or unknown)	YER IN U. S. ARMED FO Bill yes, give was or dates of		SOCIAL SECURITY NO. 17.	INFORMANT		Addres	•			
	CATION	Canditions, if a gove rise to imme (o), stating the cause fort.  PART II. OTI	diate couse anderlying OUE TO	)	NTR BUTING TO DEATH BUT	NOT RELATED TO THE TER	MINALD SEAS	SE CONDITION GI	VEN IN PART		WAS AUT	
	CERT FICAT	200. EXTERNAL CAPRIMARY ☐ or COCAUSE OF DEATH.	USE WAS NITRIBUTING []	Ob. DESCRIBE	HOW INJURY OCCURRED.	Enter nature of injury in P	ort I or Port 11	of item 18 )		YE	\$ □ №	10 🔲
	MEDICAL	20c TIME OF INJU Hour o.m. p. m.	RY Month, Doy, Ye	While	t	CE OF INJURY (Home, fa tary, street, office bldg., e	rm, 20f (Cit	y or town)	(Caur	nty)	(	(State)
			hat I taak charge I fram: Natural	-	emains described about	icide [], Hamicie	,	nspection X	, Inquiry	/ <b>.</b>	and fin	d tha
, no 		ACTUAL SIGNATURE	Jan	22	me)	M.D. CHIEF MEDICAL	_	•			ATE SIGN	CBF
		EXAMINER'S NAME (Type)	,		U.,	ASSISTANT MEDICA	-	2k	^ , /	251		
	B	BURIAL, CREMATIC REMOVAL (Specify)	Hec.24	1956	22c. NAME OF CEMETERY O	racpet	22d LOCA C'D BY REGIS	TION (City, town,	Or county) Maria	ATURE	(State)	1.
4	<u>D</u>	scompte.	turera	serv	ice Cambina	ge YNO' DATE	2/201	56 401	in M	acc	ノル	e

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



BULLAU V. S.

VS A15 (4) 15M 9/55

		1243	3	CERT	IFICA	TE OF DEATH	1		Reg. Dist.	No.1	24	22
1.	PLACE OF DEATH			44.60	YLAND	2. USUAL RESIDENCE (Who b. STATE	ere decease	ed lived. If institution	on: Residence	before o	dmissio	n)
_		chester Co.				Marylai			Dorch			0.
	<ul> <li>b. CITY OR TOWN (II RURAL and give ne</li> </ul>	outside carporate limit	, write	c. LENGTH OF STAY	IN IP	c. CITY OR TOWN (If o	utside carp	orate limits, write Rt	JRAL and giv	e neares	town)	
	Cambrid			25 Years		Cambridge 1	Md.		1			
	d. NAME OF HOSPITA	AL (If not in hospital, gi	re street	address)		d. STREET ADDRESS					S RESID	
	2	Il Weat App	leby	Ave.		211 West	Appl	eby Ave.			ON A F	
3.	NAME OF	Firs		Middle		Lost	4. DATE	Mont	h	Dov	Ye	or
	DECEASED (Type or print)	James		B.	Mı	ırphv	OF DEATH	Dec. 6		/		56
5.	SEX		7. MARI	RIED T NEVER MARRI		DATE OF BIRTH		9. AGE (In years	IF UNDER 11	EAR IF		
	Maile		WIDOW			May 28, 188	-	lost birthday)	Months D	руз Н	ours	Min
100	. USUAL OCCUPATIO	N (Give kind of work d			OR INDUS	TRY 11. BIRTHPLACE (Stole			12 CITIZI	N OF V	VHATE	OUNTRY
	during most of work	ing life, even if refired)					_	,,	1			COUNTRY
_	umo Station	1 Operator	INO	rchester W	ater	Co Maryland			U.	S.A.		
1.0	TATIFE S HANG					14. MOTHER 5 MAIDEN N	AME					
_	John T.	A.A				Martha .	<u>Jones</u>					
15. (Ye	WAS DECEASED EVER	IN U. S. ARMED FORCE	ES?  16.	SOCIAL SECURITY NO	), ] 17, IN	FORMANT		Addr	ess			
	No		2	111-97-7103		irs. Thomas Co	ceigh	ton 211	West .	Appl	eby	Ave.
	18. CAUSE OF DEA	TH {Enter only one cau	se per li	ne for (o), (b), and (c)	-]					INTERV	AL BETY	VEEN
		H WAS CAUSED BY:	TI	remia						ONSET	ontl	
	4	DUE 10		A. 30,000							O) II IO)	
	Conditions, if an	or subtab V	0	emainene e	f Du	state - crade	- 0			17		
	gove rise to in	mediote (	· ·	greinels o	1	SPECS - ELEGI	2_6			S V	ear	5
	lying couse lost.	ne nuger-										
z		, (c).	171.00.15									
5	PART II. OTH	EK SIGNIFICANI COND	HIONS	TONIKIBOTING TO DE	AIH BUI I	NOT RELATED TO THE TERMIN	VAL DISEAS	SE CONDITION GIVE	EN IN PART I	(o) 19, \	MAS AU ERFOR!	JTOPSY MED?
5				none						YE	5 🔲	NO 🗗
CERTIFICATION	20a. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY I	CAUSE OF DEATH I	POB. DES	CRIBE HOW INJURY C	CCURRED	. (Enter noture of injury in P	art 1 or Po	rt II of item 18.)				
CAt		c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (Co										(State)
	Hoer a. n. p. m. *	19	While of wor	k or while	1001	ory, street, office bidg., etc.						
	21. I certify the	at I attended the	deceas	ed from _11-1		, 19 <u>.56</u> , to	2-6	19.56	that I los	t saw	the d	OCACIO
			. 195			occurred at 9:10/						
		Λ Λ		and the	~ ^ ^			itreet, city or town, s		date :		i dibove E signet
	ACTUAL	Odsi-V	R	#1110	200	_		rest Cami		. 4		2_8_5

PHYSICIAN'S NAME (Type) Wolff Eldridge 220. BURIAL, CREMATION, REMOVAL (Specify) Burial 226. DATE THEREOF

9.

Rumial Dec.
23. FUNERAL DIRECTOR'S SIGNATURE

LeCompte Funeral Service

1956

27c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county)

Maryland

Cambridge Cemetery
ADDRESS

Cambridge Maryland

Cambridge
240. REC'D BY REGISTRAR
DATE/2/11/56

24. REGISTRAR'S SIGNATURE

(Stote)

reyn K

9961 6. 0



12448	CERTIFICA	TIE OF DEATH	Reg.	Dist. No.
O COUNTY DO REHESTER	MARYLAND	2 USUAL RESIDENCE (Who	b COUNTY	lence before admission) COMICO
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	LENGTH OF PLAY IN 16	C. CITY OR TOWN (IF OR HEBRO)	Plade carporate timits, write RURAL on	d give nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street add OP HISTITUTION SHORE STAVE HO	iress) . O	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM? YES NO
3 NAME OF DECEASED (Type or print) ISAAC	JAMES M	URRAY	4. DATE DECEMBER	10 1956
S SEX MALE 6. COLOR OR RACE 7. MARRIED WIDOWED		5-21-18	75 P AGE (In years IF UND) lost birthday) Months	ER 1 YEAR IF UNDER 24 HRS. Days Hours Min
10a USUAL OCCUPAT ON (Give kind of work done 10b. KIN during most of working life, even if retired) FARMER FAI	ND OF BUSINESS OR INDUS	4 /14 -	r foreign country)  (AND(Siloem)	U.S.A.
13. FATHER'S NAME MICHAEL MURR		ELIZAB		
15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16, 50 (Year no, or unknown) [1] year, give wer or doller of service) 214	-36-5208 EA	NORMANT STERN SHOKE S. Bernice Tur	Mar Coper Walight	Escheron, Md.
18. CAUSE OF DEATH (Enter only one couse per line f PART I. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (c)	or (a), (b), and (c).] ERIOSCLER	OTIC HEAR	7 DISEASÉ	INTERVAL BETWEEN ONSET AND DEATH
Candilions, if any, which gave rise to immediate cause (a), stating the underlying cause last.  DUE TO  DUE TO  (b)  DUE TO	NERALIZE	ARTERIOS	CLEROSIS	SEVERAL YEARS
PART II. OTHER SIGNIFICANT CONDITIONS CON	TRIBUTING TO DEATH BUT	ARTERIOS C	IAL DISEASE CONDITION GIVEN IN PA	ART 1(a) 19 WAS AUTOPSY PERFORMED? YES NO
	BE HOW INJURY OCCURRED	). (Enter nature of injury in Pr	ort I or Part (t of item 18.)	
20c. TIME OF INJURY Month, Day, Year 20d. INJU While of work	Not while foo	CE OF INJURY (Home, farm, fory, street, affice bldg., etc.)	20f. (City or town)	(County) (State)
21. I certify that I attended the deceased alive on 12-10, 195		9, 1956, to 10	2 - 10 , 195 4that M, from the causes and on	I lost sow the deceased
ACTUAL SIGNATURE SIGNATURE	inter ,		DORESS (Street, city or lawn, state)	Dec. /G, 19
PHYSICIAN'S FEOREFE E. L	UPRIER !	16 EASTER	PN SHORE STATE	HOSPITAL
220. BURIAL, CREMATION, 22b. DATE THEREOF 2 REMOVAL (Specify) Burial Dec. 13.1956	2c NAME OF CEMETERY OF		2d. LOCATION (City, fown, or county Mardela Springs	
23. FUNERAL DIRECTOR'S SIGNATURE	ADORESS HOME - SALISB	24o. REC'D	BY REGISTRAR 26. REGISTRAR'S S	

TO HOSPITAL TITENDING PHYSICIAN: The law requires that the d=1h certificate = executed within 24 haurs, may be reto by the haspital ar attending physician.

TO FUNERAL CTOR: After this certificate has been signed by the attending physician and campletely filled in page 3 shauta be detached far use as the burial-transit permit. Then please remaye carbon papers. Pages 1 and 2 the registrar prior to burial, cremation, ar remayal, and in any event within 72-hours after death. VS A15 (4) 15M 9/55

he funeral director. 2 shauld be filled with

after death. Page

SUREAU V. E.

MECTATIONS

VS A15 (4) 15M 9/55

ARYLAND	STATE DEPARTMENT	OF	HEALTH-BALTIMORE,	18
12449	CERTIFICATE	OF	DEATH	P.

M

Reg. Dist. No.

12424

	o. COUNTY Dorchest	er	MARYL	CHA	o. STATE Maryla	nere decesse nd	d lived. If institute b. COUNTY	on. Residence Dorche	ster	dmission)	
	b. CITY OR TOWN (If outside co		c. LENGTH OF STAY IN	N 1b	c. CITY OR TOWN (If o					lown)	_
6	RURAL ond give neorest lown Federalsburg	- Rural	2 years		Seafor	_ 13				•	
lle	d. NAME OF HOSPITAL (If not in				d. STREET ADDRESS				n 15	RESIDENCE	
	Near	Cokesbury	<i>r</i>		R.F.	D.				S INO	
	3. NAME OF DECEASED (Type or print)	Alice	Virgini	.a	Nichols	4. DATE OF DEATH	Dec	ember	Doy 16	Year 19 56	
	s sex 6 color Whi		RIED NEVER MARRIED		e. DATE OF BIRTH October 12, 1	882	9. AGE (In years lost birthday) 74 yrs.			UNDER 24 HRS	-
	10a. USUAL OCCUPATION (Give kind during most of working life, evaluations of working life, evaluations of the control of the c	nd of work done 10b en if refired)	KIND OF BUSINESS OR Home	INDUS	TRY 11. BIRTHPLACE (Stole		*		S.A.	HAT COUNTR	44
	13. FATHER'S NAME				14. MOTHER'S MAIDEN N	IAME					_
	Luther Su	llivan			Unknown						
	15. WAS DECEASED EVER IN U. S. (Yes, no., of unknown) (If yes, give w	ARMED FORCES? 16	SOCIAL SECURITY NO.		IFORMANT		Add				
)	No		None	M:	rs. Levin R.	Allen	Seaford	, Del.	, R.	F.D.	
	18. CAUSE OF DEATH (Enter PART I. DEATH WAS G IMMEDIA!  Conditions, if any, which gove rise to immediate couse (o), sloting the under- lying couse lost.	AUSED BY. TE CAUSE (o)  OUE TO  (b)  OUE TO  (c)	Gy dio. Lenevalis L'afetus	L C	Amala fer Manual Company of the Service of the Serv	wi	lecosis	FN IN PART I	/ 9 / 9	3 Z	
1	PE PE							270000	Pt	REORMED?	
	PART II. OTHER SIGNIFICATION OF CONTRIBUTING CAUSE OF CA	OF DEATH XAMINER)	CRIBE HOW INJURY OCC	CURRED	. (Enter nature of injury in P	ort I or Port	t II of item 18.)				_
	20c. TIME OF INJURY Month, Hour a. jr. p. m.	While		Oe. PLA	CE OF INJURY (Home, form, tory, street, office bldg., etc.	1			unly)	(Stote)	
	21. I certify that I atte	nded the decease	7 /	death	19.32, to & occurred at 12:55	CC . , PM, fron	12 , 19 <u>50</u> n the causes a	ethat I la	st saw 1 date s	the decease	e e
,	ACTUAL SIGNATURE	Jem	in		.o. Fed	NODRESS (SI	reet, city or town,	stote)	1.1.	DATE SIGN 2-/9-	之
		F. Lennon,	M.D.		Federal						
	REMOVAL (Specify) De-	te thereof c. 18,1956		t Ce	CREMATORY Emetery	27d. LOCAT	eralsbur	or county)	yland	(Stote)	
	73. FUNERAL DIRECTOR'S SIGNATU J.J.Framptom and	RESon, Fede:	ralsburg, Md	l.,	240. 85C'S	BY REGIST	RAR 24b. REGIS	STRAR'S SIGN	ATURE	A-i	)

BUREAU V. S.



Pfter death: Page 4

## CERTIFICATE OF DEATH

J.			14				Keg.	Dist, No.		
Ī	DE COUNTY				2. USUAL RESIDENCE (V			dence before admis	sion)	
Ł		Dorches	ter	MARYLAND		vland	b. COUNTY Dor	chester		
Γ	b. CITY OR TOWN (I RURAL and give no	f autside corporate limi	ts, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (II	autside carporate li				
1	after the	ridge		Life	Caml	bridge			, 7	
ľ	d. NAME OF HOSPIT	At (If not in haspital, g	ive street		d. STREET ADDRESS	NITURE		e. 15 RES		
L	OR INSTITUTION	rudge-Md.	Hoor	4+07	116	Ui ah St	~~ · +		FARM?	
ħ	3. NAME OF	Fir		71 UCII. Middle	1 446	High St				
ľ	DECEASED (Type or print)				-	OF DEATH	Month		Year	
Ļ		Mar		Dixon	Plater		Dec		1956	
ľ	S. SEX	o. COLOR OR RACE	1	NEVER MARRIED	B. DATE OF BIRTH	9. AG	E (In years IF UND)  Horthday) Months		ER 24 HRS	
L	Female	Negro	WIDOWI		April 6,	1885	71 yrs.	0075 110015	1,744111.	
ľ	Our USUAL OCCUPATION  during most of work	ON (Give kind of work of ling life, even if retired)	dane 10b.	KIND OF BUSINESS OR IND	USTRY 11. BIRTHPLACE (Stol	le ar foreign country)	12 (	CITIZEN OF WHAT	COUNTRY	
Ł	House	ewife		Housewife	Dorches	ster Co.	. Md.	USA		
Ī	3. FATHER'S NAME				14. MOTHER'S MAIDEN					
		Unknow	n			Rosie :	Dixon			
ī	S. WAS DECEASED EVE			SOCIAL SECURITY NO. 17.	INFORMANT	210020 .	Address			
ı	(Yes, no. or unknown)	If yes, give wer or dates of s	mvice)	8-24-7373 F	alistine I	210+020	Combasia	3/2		
F		THE CONTRACTOR OF		ne for (a), (b), and (c).)	arraptie i	Plater,	Cambrid			
ı								INTERVAL BE		
	PART I. DEATH WAS CAUSED BY: Cardiac Decompensation									
	420.0	DUE TO								
Conditions, if any, which (b) Arteriosclerotic heart diseas										
ı	couse (a), stating									
l	lying cause fast.	) (c)	)							
	PART II. OTH	ER SIGNIFICANT CON	DITIONS C	ONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TER	MINAL DISEASE CON	DITION GIVEN IN PA	ART 1(0) 19. WAS	AUTOP5Y	
1	3		Alue	kemic Leuke	mia				RMED?	
		S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	CRIBE HOW INJURY OCCURR	ED. (Enter nature of injury in	Part I or Part II of	ilem 18.)			
ľ	20c. TIME OF INJUR Haur a. s., p. m.	/ Month, Day, Yea	ir 20d. It	NJURY OCCURRED 20e. P	LACE OF INJURY (Home, for	m. 20f. (City or toy	vn)	(County)	(State)	
4	Hour a. ji,	19	White	Not white	octory, street, office bldg., e	lc.)		,,,	, ,	
•					m] ?	le cember	77 50			
	21. I certify th	at I attended the	decease	ed from Decembe						
	alive on De	cember 2(	<i>a</i> 9 12 <u>.</u> 5	and that deat	h occurred at			the date state	ed above	
	ACTUAL	Del H		<i>**</i>	0.05 11.	ADDRESS (Street, c	ity or lown, state)	4 T 2	ATE SIGNED	
	SIGNATURE	MITTELLA	44		M.D. 227 Pine	St-Cam	or rage, h	T. T.	ームアン	
	PHYSICIAN'S NAME (Type)	Edwin F	asse	tt,M.D.						
7	20. BURIAL, CREMATIO	N, 226. DATE THEREO	F	22c. NAME OF CEMETERY	OR CREMATORY	22d. LOCATION (	City, town, or county	r) (State	e)	
	Burial	12/30/1	956	Old Fiel	d Cemeterv		ester Co			
2	3. FUNERAL DIRECTOR			ADDRESS		'D BY REGISTRAR	246 AEGISTRAR'S S			
	Herber XIVI	/st/ (64 63	LASL	Cambridg		15/50	John	MAGI	18/1	
£		- 7	111	Campr 108	C WILL DATE	1-4/1	10-010		1/1/-	

may be reit by the haspital or attending physician.

TO FUNERAL CAMERAL COR: After this certificate has been signed by the attending physician and campletely filled in Syrae funeral director, page 3 should be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, ar remaval, and in any event within 72 hours after death. ATTINDING PHYSICIAN: The lam mayines that the death certificate be exemuted within 24 haurs, TO HOSPITAL

VS A15 (4) 15M 9/55

CELATED!

LEVO A' &

CCTL & NA!

TO DEPUTY MEDICAL EXAMINER: This certificate shauld be executed within 24 hours after death. If any delay is necessary, please execute the official, writing the ward "pending" in pencil in ISEE 18. Give Bages 1, 2, End 3 to the funeral digitary. Page 4 should be farwardery the Chief Medical Examiner's Office along with farm PM3. Page 5 may be relative for your file.

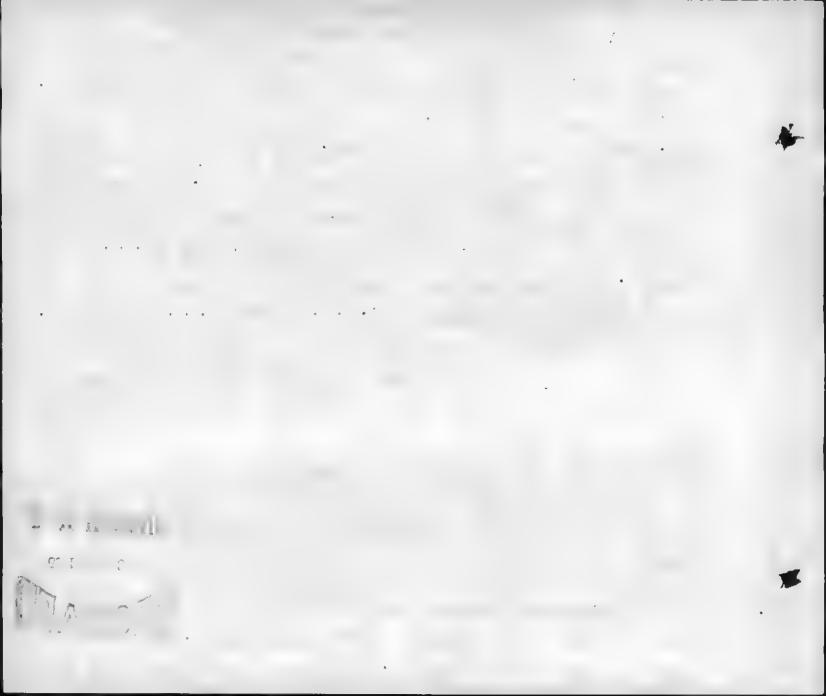
TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the registrar prior to burial, cremation, as remayal.

1. PLACE OF DEATH

				TOF HEAL					Reg. Di		420	
hester Co.	u c.	MARYLA	AND	c. CITY OR TOWN	<u>vland</u>		b. COUNT	Y	Dor	che	ster	Co.
OR INSTITUTION (If not	in hospital	5 Yrs., give street address)		Mt Holly d STREET ADDRESS Mt. Hol							ON	ESIDENCE A FARM?/
First Eugenia 6. COLOR OR RACE   7. A	AARRIED F	Willis NEVER MARRIED I	R. D.	oberson ATE OF BIRTH	4. DAT OF DEA	9. AC	Monti		UNDER	Doy	1	9 56 ER 24 HRS.
	XOWED [	DIYORCED [	1 25-	00 1070	ate ar fore	77	yrs.			Days ZEN OI	Hours	Min.
sewife	<u>X</u>	ione	14	Church Co	NAME	Md	· ·	_	U.S	.A.		
Willis IN U. S. ARMED FORCEST	7 16. SOC	IAL SECURITY NO.	M. Toron	Mary Mace	3		Address					

,	Dorchester Co.	MARYLAND	o. STATE Mary	Land 6. COUNT		ster Co.					
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (I	f outside corporate limite, write							
	Mt. Holly	5 Yrs.	Mt Holly			X					
	d. NAME OF HOSPITAL OR INSTITUTION (If not in h	ospital, give street address)	d. STREET ADDRESS	-		e. IS RESIDENCE					
	Mt. Holly		Mt. Holl	Ly		YES NO B					
3	NAME OF First DECEASED	BIRTH.	Last	4. DATE Monti	h Day	Year					
-	(Type or print) Eugenia		Roberson	DEATH Dec.	3 .	19 56					
5.	. SEX 6. COLOR OR RACE 7- MARI	IED T NEVER MARRIED 8.	DATE OF BIRTH	9. AGE (In years lost birthday)	Months Days	Hours Min.					
	emale White WHOOW		av 29, 1879	77 yn.	monins Days	ridurs Min.					
10	Oa. USUAL OCCUPATION (Give kind of work done 10b. during most of working life, even if retired)	KIND OF BUSINESS OR INDUST	TY 11. BIRTHPLACE (State	or foreign country)	12. CITIZEN OF	WHAT COUNTRY?					
_	eacher Housewife	None	Church Cre	ek Md.	U.S.A.						
$\int_{1}^{1}$	3. FATHER'S NAME		14 MOTHER'S MAIDEN I	NAME							
	William H. Willis		Mary Mace								
	5. WAS DECEASED EVER IN U. S. ARMED FORCES? [16 Yes, no. or unknown] [18 yes, give wer or dates of service]	, SOCIAL SECURITY NO.	PRINCIPAL	Address							
L	to	None M	r. R. E. Rot	person R.F.D.	_2 Cambri	idge Md.					
	18. CAUSE OF DEATH [Enter only one couse per lin	o for (a), (b), and (c).]			INTER	AND DEATH					
1	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	Secret 1 1 1 1				Dat.					
I	782.4 DUE TO					-					
	Conditions, if any, which ) (b)										
	gave rise to immediate couse DUE TO										
1	couse lost.										
1 3		ONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERM	INALDISEASE CONDITION GIV	EN IN PART 1(a) 19	WAS AUTOPSY					
CEPTICION						PERFORMED?					
100	200. EXTERNAL CAUSE WAS 20b. DESCRI	BE HOW INJURY OCCURRED. (E)	ter nature of injury in Par	t Loc Part II of item 18.1		THE NO PA					
Į au	PRIMARY OF CONTRIBUTING A	3 3		T T OF FORT IL OF HUMB 18.3							
		INJURY OCCURRED 200. PLAC	in lore	200 (City and Angel)	15 anni 3	150-1-1					
UFDICAL	Hour o, m, Wh	le Not while focto	ry, street, office bldg., etc	.)	(County)	(State)					
1 2		rark ot work	ute	C. brigg,	<u></u>	J - g					
	21. I certify that I taak charge of the	remains described above	ve, held an Autaps	y 🔲, Inspection 🔼,	Inquiry .	and find that					
	death resulted fram: Natural causes	Accident Suic	ide 🔲, Hamicide	🔲 , Undetermined o	ause 🔲.						
П											
	SIGNATURE Jalzan M	well.	_M.D. CHIEF MEDICAL EX	KAMINER 🔲		REMOR SHOWING					
	EXAMINER'S		ASSISTANT MEDIC	AL EXAMINER	15	1-1-1					
L	NAME (Type)		DEPUTY MEDICAL	EXAMINER 2	14	-12/16					
2	20. BURIAL, CREMATION, 226. DATE THEREOF REMOVAL (Specify)	22c. NAME OF CEMETERY OR	CREMATORY	22d. LOCATION (City, lown,	or county)	(State)					
100	urial Dec. 5. 1956	Baptist Chur	chvard	Milton Md.							
23	3. FUNERAL DIRECTOR'S SIGNATURE	ADÓRESS		D BY REGISTRAR 245 REGIS	STRAR'S SIGNATUR	16					
I	eCompte Funeral Service	Cambridge Md.	DATE/	1/1/56 JAK	n/11ac	egr.					

YS. A15ME(5) 5M 9/55



BUILDIN V. &

DECENTED A

MA. S. MA.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

BUREAU V. F.

or 1 41 030

MADER

VS A1S (4) 1\$M 9/5S

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

12430

2453	CERTIFICATE OF DEAT

Reg. Dist. No.

					,,						
	PLACE OF DEATH O COUNTY				2. USUAL RESIDI	NCE (Where do	eceased lived	I If institution b. COUNTY	r Residence	befare ad	mission)
		Dorches	ster	MARYLAND		Marvla	nd	B. COUNTY	Doro	ches	ter
	b. CITY OR TOWN (I RURAL and give no	f outside corporate fimiliarest town)	s, write	c. LENGTH OF STAY IN 16	c. CITY OR TO	WN (If autside	carporate li	mits, write RU	RAL and giv	e nearest !	lawn)
	Rural -	Cambrida	re	Life		Rural	- Can	bride	e		×
	d. NAME OF HOSPIT	AL (If not in haspital, g	ive street	address)	d. STREET AD					• IS	RESIDENCE ,
	OX MOTIVOTO	R.F.D.				R.F.D.	_L				
3	NAME OF DECEASED	Fin	ri e	Middle	Lost	4. D	ATE	Month	)	Day	Year
	(Type or print)	Henri	ett	a.	Sharp	Ď	EATH	Dec.		10.	19 56
5.	\$EX	6. COLOR OR RACE	7. MARR	RIED 🕞 NEVER MARRIED 🔲	B. DATE OF BÎRTH		9. AC	SE fin veors	FUNDER 11		
	Female	Negro	WIDOW	at to	April 1	. 1895	101	61. yrs.	Months D	oys Ha	urs Min
100	during most of work	ON (Give kind of work a	dane 10b	KIND OF BUSINESS OR INDU	STRÝ 11. BIRTHPLA	CE (State or for	eign country	)	12. CITIZI	EN OF W	RESIDENCE A FARM?  Year  19 5 6  IDER 24 HRS  IDER 24 HRS
	Labor			Food-Packing	Dorc	hester	Co	Md.		USA	
13.	FATHER'S NAME				14. MOTHER'S A					I last saw the deceased the date stated abave.  Date Signed  (County)  (State)  (State)  (State)	
		Charles	Til	ehman		Mill	ie d	Tenkin	S		
15		R IN U. S. ARMED FOR		SOCIAL SECURITY NO 17	NFORMANT			Addre	13		
-	No	for her and an entering on h		20-10-6607	Hazel S	harn.	R. F. T	). 1.	Cembi	ri de	b. Md.
F	18. CAUSE OF DEA	ATH Enter anily one ca		ne for (a), (b), and (c).]						INTERVA	L BETWEEN
	PART I. DEA	TH WAS CAUSED BY:	1	Cardiac I	Decompen	sation	1			ONSET A	ND DEATH
	1	DUE TO									
П	Conditions, if a	ny, which )	Hv	pertensive (	Cardiova	scular	Dis	egge			
П	gave rise to it	L OSIE TO						-			
	lying cause lost.	(c	1								
Z	PART II OTH			CONTRIBUTING TO DEATH BUT	NOT RELATED TO	HE TERMINAL D	ISEASE CON	NDITION GIVE	N IN PART I		
15											
CERTIFICATION	20g ACCIDENT WA	S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCCURRE	D. (Enter nature of	injury in Part L	ar Part II of	item 18.)			
		-									
MEDICAL	20c. TIME OF INJUR	Y Month, Day, Yes	white	NJURY OCCURRED 20e. PL Not white	ACE OF INJURY (Hi clory, street, office I	ome, form, 201	(City or to	wn)	(Cos	inty)	(State)
MEC	p. m.	19		k ol work							
	21. I certify th	at I attended the	deceas	ed from December	1119 53	to Dece	rber	1.01956	that I la	st saw t	he deceased
	alive an De C		1.95	/							
П		0/1						city or town, s		dule si	
П	ACTUAL SIGNATURE	CXLX	70	sur	м.р. 227	Pine 9	t-Car	nhride	e Md		
	SIGNATURE	11	-		M.D			101 1 11			
	PHYSICIAN'S NAME (Type)	J. Edwin 1	ក្នុនន	ett,M.D.		P 60 M 64 60 40 40 40 40 40 40 40 40 40 40 40 40 40					
220	BURIAL, CREMATIO	N, 226. DATE THEREC	F	22c. NAME OF CEMETERY C	R CREMATORY	22d	LOCATION	(City, tawn, or	cauniy)	(	State)
	Bariati	12/16/1	956	Salem Cem	etem		Salem	. Mar	vland	1	_ A
23,	FUNERAL DIRECTOR	S SIGNATURE	¥	ADDRESS		240. REC'D BY	REGISTRAR	245 REGIST			il
1	114/ 1/1	16696	14	Cambridge	. Md.	DATE 12 /1	7156	John	~ M	nec	12.
-	-	7	76.		·						17

DECENTED SEC

BUREAU V. S.

2 . V UALRUA

: E NAL

THATE DE

	MARYLAND STATE DEPARTM	MENT OF HEALTH—BALTIMORE, 18	30100
	12454 CERTIFIC	ATE OF DEATH Reg. Dist	12432 I. No.
1.	PLACE OF DEATH DORCHESTER "MARYLAND	2 USUAL RESIDENCE (Where deceased lived If institution: Residence o. STATE MARYLAND b. COUNTY Som.	
	b. CITY OR TOWN (If autis'de corporate limits, write CAMISTE STAY IN 16 24. 11 Mus.	c CITY OR TOWN (If outside corporate limits, write RURAL and go	ve nearest town)
	d. NAME OF HOSPITAL (If not in hospital, give street oddress)  CHARLER W SHORE STAPE HOSPITAL	d STREET ADDRESS	e is residence On a farmo Yes \( \) NO
3.	17/1	TEVENSON OF DEATH DEGENBER	7 19.56
	TEMPLE 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED DIVORCED	/-/1-/01/ // yes.	YEAR IF UNDER 24 HRS. Days Hours Min.
	during foot of working life, even if retired)	MARYLAND	V. S.A.
	VESSE DIAGS EVANS	14. MOTHER'S MAIDEN NAME ROCHEL B. WAR	Þ
) \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\	of the od unknowns . Of also a data of tall	INFORMANT  ASTERNISHERE STATE HOSPIFAL	RECORDS
	PART I. DEATH WAS CAUSED BY:    MARCH   MARCH	CHOPNEUMONIA	INTERVAL BETWEEN ONSET AND DEATH
l	Conditions, if any, which gave rise to immediate (b)  ARTERIO	SCLEROTTE HEART DISEASE	MONTHS
	couse (a), stating the under- lying cause last.  (c)		YEARS
ICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	1(0) 19 WAS AUTOPSY PERFORMED? YES NO
L CERTAF	(IF EITHER, NOTIFY MEDICAL EXAMINER)	ED. (Enter nature of injury in Port I ar Part II of item 18)	
MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 40e. Pl While Not while of work of work 1	LACE OF INJURY (Home, form, colory, street, office bldg., etc.) (City or town) (Colory, street, office bldg., etc.)	ounty) (Stote)
	21. I certify that I attended the deceased from	20 1954 to 12-17, 1956, that I to h accurred at 1145AM, from the causes and an the	
	ACTUAL SIGNATURE SIGNATURE S. C. C.	ADDRESS (Street, city or town, stole)	DATE SIGNED
	PHYSICIAN'S LIECREE E. LURRIER	Carlings, hed.	7 /
L	BURIAL CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY. C CRISFIPLY	OR CREMATORY 22d. LOCATION (City, town, or county)  CEMETERY CRISFIELD	(Stote)
23	FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR PAD. REGISTRAR'S SIGN	YATURE //

ADDRESS CRESFIEL

SONS

VS A15 (4) 15M 9/55

EUREAU V. S.

DESEED SE

12433 Red. Dist. No.

		,
2437	CERTIFICATE OF DEATH	
	2. USUAL RESIDENCE (Where deceased lived.	If insti

1. PLACE OF DEATH o. COUNTY	D 1-		MARYL	AND	2. USUAL RESIDENCE (		b. CO	UNTY _			
b. CITY OR TOWN I	Dorche If outside corporate limi		c. LENGTH OF STAY II	N 1h	c. CITY OR TOWN TO	land	rongota limita, u		Dorch		
RURAL and give no	earest town)					_		THE RUNAL	Dilo give n	edies: 10	witj
	oridge TAL (if not in hospital, g	ive street	L Life		d. STREET ADDRESS	ridg	e			40.0	PEIDE IOI
OR INSTITUTION			andress			W	de l			ON	ESIDENCE A FARM?
403	Pine Stre	-			403	Pine	Stree	t		YES	□ NO 🔯
3. NAME OF DECEASED	Fir	st "	Middle		Lost	4. DAT	E	Month		Day	Yeor
(Type or print)	Robe				Steward		TH	Dec.	1	28	19 56
5. SEX	6. COLOR OR RACE	7. MARE	NEVER MARRIE		B DATE OF BIRTH		9. AGE (In last birth	yeon IF UI			DER 24 HRS.
Male	Negro	WIDOWI	DIVORCED		April 14.	1884		doy) Mor	nths Doys	Hou	's Men.
Do USUAL OCCUPATION		done 10b.	KIND OF BUSINESS OR	INDUS	TRY 11. BIRTHPLACE (Sto			1:	2. CITIZEN	OF WH	AT COUNTRY
TV c	King life, even if refired; One	'	None		Dorches	+02	Co M	a	US	۸ ۳	
3. FATHER'S NAME	)II.e		MOTIC		14. MOTHER'S MAIDEN		00. ju	u.	Uč	) A	
	YY . 2 2 3	0.1.									
E WAS DECEASED EVE	Holland R IN U. S. ARMED FOR		ward	1	FORMANT	ary	Anne P		r		
(Yes, Ao, or unknown)	(If yes, give wor or dotes of it		SOCIAL SECURITY NO.	17. 10	INDRMANI			Address			
No			None	$\mathbb{L}_{\mathbb{R}}$	obert Perr	y, C	ambrid	ge. 1	VId.		
	ATH [Enter only one co	use per lin	ne for (a), (b), and (c).]								BETWEEN
PART I. DEA	PART I. DEATH WAS CAUSED BY: Cerebral Hemorrhage							lo.	ASEL AL	ID DEATH	
LLUSX											
7 7 7	Cardiamana Diagram										
gove rise to in	gove rise to immediate										
Couse (o), stoting lying couse lost.	the fuder-										
	) (c)		ONTRIBUTING TO DEAL	TEA BLIT	NOT RELATED TO THE TER	Idibial Dies	ASS CONDITIO	ALCOVER I (A	18107161	10 14/4	ALIZONEY.
CATIO		×1110113 <u>1</u>		111 601		MINAL DISE	ASE CONDITIO	N GIVEN IN	N FAKI 1(0)	PERI	FORMED?
PART II OTH  200 ACCIDENT WA  OR CONTRIBUTING  (IF EITHER, NOTIFY	200 ACCIDENT WAS UNDERLYING DOR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)										
20c. TIME OF INJUR	Y Month, Day, Yes	r 20d. II	NJURY OCCURRED 2	20e. PLA	CE OF INJURY (Home, fo	rm, 20f. (0	City or town)		(County	1	(Stote)
Hour o. fi.	19	While	Not while	foc	lory, street, office bldg., e	Hc.)			(,	,	10.0.03
				1	٣٥ .		3 00				
21. I certify th	at I attended the	deceas	ed from 128 CEM	per	. 1953, to_l	<u> Je cer</u>	iber Zois	,thc	at I last :	iaw th	e decease
alive an Dec	cemper ou	_, 19,2	and that a	death	accurred at 11:	2U SWY fr	om the cau	ses and a	an the d	ate sta	ited above
	V. Conta						(Street, city or				DATE SIGNE
ACTUAL	Topas	M	N.	^	A.D. 227 Pine	st-	Cambri	dge,	Md	12	-29-56
PHYSICIAN'S NAME (Type)	. Edwin F	asse	tt.M.D.								
20. BURIAL CREMATIO			22c. NAME OF CEMET	ERY OF	CREMATORY	224 10	CATION (City, 1				4-1
REMOVAL (Specify)										(51	ote)
Burial  3. FUNERAL DIRECTOR		.956	Bethel	_Ue			ambrid			-	
21. TUNERAL DIRECTOR	THE TOTAL PROPERTY OF THE PARTY		ADDRESS			C'D BY REG	-7	REGISTRAR	'S SIGNATI	TRE 2	. ().
MUTHER //	1 fer. The	1	Camba	rid	ge .Md . DATE	104	7/17	2-150	~//	1ac	2/1/2

may be retained by the hospital as ottending physician.

TO FUNERAL DARECTOR: After this certificate has been signed by the attending physician and completely filled in the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remare carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or remayal, and in any event within 72 haurs after death. VS A15 (4) 15M 9/55

N.

0

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours

TO HOSPITAL OF

ofter death. Page 4

BILLING V. S.

1231 - MAI

Parada

## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

12434

CERTIFICATI	E OF DEATH
12455	Reg. Dist. No
1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED
COUNTY OF CHESTER MARYLAND	STATE /1) d. COUNTY Dorcheste
CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR and give nearest town) (in this place)	CITY (If outside corporate limits, write RURAL and give naerest town) OR
TOWN Decretary 10 yrs	TOWN Decketaril
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET (If rurel give location) ADDRESS
3. NAME OF DECEASED (First) (Aiddle) (Type or Print) Clavence Edward	Stone 4. DATE (Month) (Day) (Year) OF DEATH /2 /22 1950
Male white specify, 4/2	OF BIRTH 9. AGE last burthday IF UNDER 1 YEAR   IF UNDER 24 HIS Wind Months   Days   Hours   Min
103, USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or Laeign country)  12. C([IZEN OF WHA]  OUNTRY?
FATHER'S NAME R	14. MOTHER'S MAIDEN NAME
Deorge W. Stone	belaphine Grant
5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. Yes, no, or unk.) (If Yas, give war or datas of service)	17 INFORMANT & ADDRESS
in 193) Alse was of opins of selection	Mysauanita Casse/bury
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
- 1362 - 110	of keiting
ANTECEDENT CALISES DUE TO	7
DISEASES OR CONDITIONS, IF ANY, (B)	Urlanutch rosus 5 Avan +
GIVING RISE TO THE ABOVE CAUSE LAST. DUE TO (C)	mollitie 5/2+
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	
98. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION	20. AUTORSY? YES NO
21a. ACCIDENT WAS UNDERLYING   21b. PLACE (Home, farm, factory, OR CONTRIBUTING   CAUSE OF DEATH   OF INJURY street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (Cily or town) (County) (State)
21d, TIME OF INJURY (Month) (Dey) (Year) (Hour) 21s INJURY OCCURRED Whill Not while At work at work	21f. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from	to, 1955, to Lecen St., 19-6 , that I last saw the decease
	at 1 COCAM, from the causes and on the date stated above.
SIGNATURE (VOITAMISON MD M.O.	ADDRESS (Street, city, town, stete)  DATE SIGNE  12-23/5
BURIAL CREMATION, DATE THEREOF NAME OF CEMETERY OR BUTTLE STATE OF LEAST NEW	
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS

" & VA"

**CERTIFICATE OF DEATH** Rea. Dist. No 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY √ b. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town! d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? YES NO E 3. NAME OF First Middle 4. DATE Month DECEASED OF DEATH (Type or print) 19 : 5. SEX 6. COLOR OR RACE 7. MARRIED T NEVER/MARRIED T 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS last birthday) Months F. CINCLE WIDOWED N DIVORCED [ 10a USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11: BIRTHPLACE (Stoté or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) 13. FATHER'S NAME 15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) neth DUE TO Conditions, if any, which I gave rise to immediate **DUE TO** couse (a), stating the underlying cause last. CATION PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? . YES NO 200. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Port II of item 18.) 20c. TIME OF INJURY Month. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Day, Year (County) (State) Hour o. ft. factory, street, affice bldg., etc.) White Not while at work of work p. m. 21. I certify that I attended the deceased fram 1900 1900, to 1900, to 1900, that I last saw the deceased and that death accurred at 12.124. M, from the causes and an the date stated above. ADDRESS (Street, city or town, state). SIGNATURE PHYSICIAN'S NAME (Type) 22b. DATE THEREOF 220. BURIAL, CREMATION, 22d. LOCATION (City, town, or county) 22c. NAME OF CEMETERY OR CREMATORY (State) REMOYAL (Specify) 0 23 FUNERAL DIRECTORE SIGNATURE **ADDRESS** 24a, REC'D BY REGISTRAR 24b. ÆGISTRAR'S SIGNATURE

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

S'A NY

DELLE : 1.56

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 194 TAMEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission a. COUNTY b. COUNTY MARYLAND Dorchester Co. Dorchester Co. b. CITY OR TOWN of outside corporate firms, write BURAL c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) Cambridge Md. 3 Hours Lloyds Ed. d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RES DENCE ON A FARM? Cambridge Md. Hospital YES NO F Cambridge R.F.D. 3. NAME OF 4. DATE Middle Year DECEASED (Type or print) DEATH Thompson 19 56 Jane Dec. 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED TO B. DATE OF BIRTH 9. AGE (In years IF UNDER TYEAR IF UNDER 24 HRS. four birthday) Months Hours Min. Days WIDOWED | DIVORCED [ Female White 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Vienna District None U.S.A 13. FATHER'S NAME 34. MOTHER'S MAIDEN NAME Emily Webb Samuel E. Thompson 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Dr. J. U. Thompson Cambridge Md. None 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: the sea Claracine to the desire IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gove rise to immediate cause DUE TO (a), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NALDISEASE CONDITION GIVEN IN PART 1(9) 19. WAS AUTOPSY PERFORMED? NO K 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part 1 or Part II of item 18.) PRIMARY THAT CONTRIBUTING DE CAUSE OF DEATH. 20d. HAJURY OCCURRED 20s. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Day, Year 20f. (City or town) (County) (State) Not while foctory, street, office bldg., etc.) Hour a. m. While p. m. ot work of work 21. I certify that I took charge of the remains described above, held an Autapsy ... Inspection Inquiry Accident X death resulted from: Notural causes 1. Suicide , Hamicide , Undetermined cause DATE SIGNED ACTUAL SIGNATURE ASSISTANT MEDICAL EXAMINER EXAMINER'S NAME (Type) DEPUTY MEDICAL EXAMINER W 220. BUR AL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) REMOVAL (Specify) durial 1956 Old Trinity Church Church Creek Marvland ADDRESS 23. FUNERAL DIRECTOR'S SIGNATURE 24h. REGISTRAR S SIGNATURE

Cambridge Md.

VS. A15ME(5) SM 9/55

LcCompte Funeral Service

OCEL C. STANSON V. R.

0

BUREAU E

L i & NVI

Transie

1				MAKT	245'	7 CERTIFI	CATE	OF DEAT		IIMOKE, I	Reg. Dist.	1.24	38
director filed with	*		LACE OF DEATH	nester		MARYLAN	11 0	SUAL RESIDENCE (V	Vhere deceased	l lived If institution b. COUNTY	an Residence		
funeral avid be			RURAL and give ne	outside corporate lim arest town) nbridge		c. LENGTH OF STAY IN		CITY OR TOWN (IF	autside carpor	rote limits, write R	URAL and giv	d	
and 2 sho				nore State	Hosp	ital	11:	d street address 07 E. Isab		t.		e. 15 RE ON YES [	SIDENCE A FARM?
filled in			NAME OF DECEASED (Type or print)	CHA (I		Middle HO14A DE		tJITT	4. DATE OF DEATH	Mon 12	2	<sub>0oy</sub> 27	Year 1956
pletely irs. Pog		5. 1	male	white	WIDOW		7	TE OF BIRTH /0/85		9. AGE (in years last birthday) 7] yrs	Months De	EAR IF UNE	
nd cam on pape death.	1)	100. USUAL OCCUPATION (G've kind of work done 10b. 10b. 10b. 10b. 10b. 10b. 10b. 10b.											
ician o re carbo rs ofter			FATHER'S NAME William C.				14.	MOTHER'S MAIDEN					
ng physici e remave o 72 hours o		15. [Ye	S. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT  No. 18 year, give mor or defeat of service)  No Eastern Shore State Hospital recors										
the attendin Then please vent within				TH [Enter only one of TH WAS CAUSED BY: IMMEDIATE CAUSE (c DUE TO	n Cai	ne for (a), (b), and (c).]	lung					INTERVAL E	ETWEEN DEATH
an. I signed by sit permit. Ind in any e			Conditions, if an gave rise to in couse (o), storing t lying cause lost,	he under-	-,-	abetes Melli	us	_					
pnysici has beer vrial-tran maval, o		FICATION				CONTRIBUTING TO DEATH					EN IN PART I	PERF	AUTOPSY ORMED?
fificate is the bi		CERT	20g ACCIDENT WAY OR CONTRIBUTING (IF EITHER, NOTIFY I			CRISE HOW INJURY OCCU						·	
this cer or use o rematic		MEDICAL	Hour a. j., p. m.	19	While of wor	k at wark	factory,	F INJURY (Home, far street, office bldg., e	fc.)		(Cou		(Stole
S: After sched fo suriol, o			21. I certify the alive on $D$		deceas 12_5	ed from $12/7/$ _ $5/2$ _, and that de	oth occ	, 19 <u>.56</u> , to	12/27 PM, from	19 <u>56</u> the couses o	"thot I la:	t sow the	deceosi
D CCTO	i		ACTUAL SIGNATURE	mes	, J.	Dredge	M.O.	E.s.s	ADDRESS (SI	reel, city or town,	stole)		PATE SIGNI
FUNERAL age 3 shau		220	PHYSICIAN'S NAME (Type) The	nomas J. A		22c. NAME OF CEMETER			22d. LOCAT	ION (City, tawn, o	or county)	(510	ote)
E P & E		23.	FUNERAL PIRECTOR'S	12/29/56	26	Methodistin	Ceme	24a. REC	Delma TO BY REGIST		TRAR'S SIGN		0
SM 9/55			84 S	V Alma	7	Balon	, , , , ,	DATE /	43//	Hot	m)	nuce	- h

1		1		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE	, 18						
1. 40	1			03517 MEDICAL EXAMINER'S CERTIFICATE OF DEATH		111					
d b	V	1	7	Ttems 8,9 FilmG2lh 4-26-57 e t	Reg. Dist.	The state of the s					
should b	5	1	And the	PLACE OF DEATH  2. USUAL RESIDENCE (Where deceased lived, If Int.  6. COUNTY  O. STATE  b. COU		before admission)					
15 4 s		1		DORCHESTER MARYLAND VIRGINIA	NORTE	UMBERLAND					
sary age	7			b. CITY OR TOWN (If outside corporate limits, write RURAL one give nearest team).	ite KUKAL and giv	re negrest fawn)					
oces.				near Cambridge - Choptank River nr Cooks Pt LILLIAN  d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)  d. STREET ADDRESS		e. IS RESIDENCE					
dir prior	0	0				YES NO					
uneral your f			-(0	NAME OF DECEASED   ARTHUR   Middle Lost OF DEATH   DECEASED   ARTHUR   WHITE JR   DEATH   DECEASED	enth D	19 56					
F For			5. S	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 3. DATE OF BIRTH 9. AGE (In your loss birthday)							
市の書				male colored   widowed   Divorced   February 4, 1920   36	rs. Months Day	Hours Min.					
and 3 we retained 2 w	-	1	10o.	DUSUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  Deckhand  Va.  Va.	12. CITIZEN	OF WHAT COUNTRY					
2 2 of			13.	FATHER'S NAME 14. MOTHER'S MAIDEN NAME							
5 ma				Arthur White Sr. Rebecca Jackson							
Page age				WAS DECEASED EYER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Addi	955	is					
thin Sive		0		Weldon's Fun. Home Li	llien Va.						
PM3				18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]	11	NTERVAL BETWEEN ONSET AND DEATH					
and				PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Accidental drowning							
th fe				851,8 DUE TO							
Bar A				Conditions, If any, which (b) (b)							
shauld n pend alang a slurig				(a), stoling the underlying cause lost. Due to body recovered off Benoni's Pt. Apr.9,195	,						
g' i		0	S	PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION	IT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. W						
din solo		0	CERTIFICATION			YES NO					
per per			ERTIF	200. EXTERNAL CAUSE WAS PRIMARY   Or CONTRIBUTING    CAUSE OF DEATH.  The primary   Or Contributing    The primary    The p							
ard ard Sxarr cold			- 1	CAUSE OF DEATH.  Tell from deck of oyster dredge boat  20c. TIME OF INJURY Month. Day, Year [20d. INJURY OCCURRED] 20e. PLACE OF INJURY (Home, form, 20f. (City or town)	(County)	) (Stote)					
2 - 5	0	9	MEDICAL	Hour o.m. 19 7 5c While Not while foctory, street, office bldg., etc.)		(Signe)					
Mile g th			¥	21. I certify that I took charge of the remains described above, held an Autopsy, Inspection [		Md.					
EXAM:NER rriting the verting the vertical ef Medical R: Flage 3 st				death resulted from: Natural courses , Accident , Suicide , Homicide , Undetermined		, and find tha					
A SOL				death resolved from: National codes [1], Accide [1], Abmicide [1], Onderermine	r coose [						
Cast cast		2		SIGNATURE & Gris Willy M.D. CHIEF MEDICAL EXAMINER							
E 000		V.		ASSISTANT MEDICAL EXAMINER		4-10-57					
orde VER	Š E			NAME (Type) Louis S. Welty DEPUTY MEDICAL EXAMINER T		1-40-07					
o DEPUT cute the farwarde	<u> </u>		220	BURIAL CREMATION, REMOVAL Specify)  22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, low	n, or county)	(Stote)					
5 2 5	0		A	Surial 4-10-57 Hope Union Cem. Lillian	Northu	mb. Va.					
VS. A15ME(S	1		23.	FUMERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 24b R	GISTRAR'S SIGNA	TURE					
5M 9/55			M	MS Illia Middon Lillian To DATE 4/11/57 /	hn Ma	re fr					
		,		MELDEN							

BUREAU V. S.

7201 SI 99A

BECEINED

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

